2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035213

1. Entity Name
J&T ROYAL, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -2 PM 4:53

Principal Place of Business	Mailing Address
29035 S.W. 152ND AVE.	29035 S.W. 152ND AVE.
LEISURE CITY, FL 33033	LEISURE CITY, FL 33033

2. Principal Place of Business		3. Mailing Address	
		2070 NE 8th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Homestead, Florida	
Zip	Country	Zip: 33033	Country: Miami-Dade

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☐ Applied For — X Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, JOSE M
165 SW 130 AVE
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name: Amador Diaz
Street Address (P.O. Box Number is Not Acceptable): 2070 NE 8th Street
City: Homestead, FL Zip Code: 33033

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Amador Diaz, SVD, Reg. Agent — 5/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PENA, JOSE M		NAME	100020320011	
STREET ADDRESS	165 SW 130 AVE		STREET ADDRESS	06/02/03--01085--002 **550.00	
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIAZ, AMADOR JR		NAME		
STREET ADDRESS	15407 SW 54 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amador Diaz, SVD — 5/29/03 — 305-242-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #