### 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000037833 1. Entity Name ROYAL GRANDE RESORTS, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308 3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308

# **FILED** May 03, 2005 8:00 am Secretary of State

05-03-2005 90117 016 \*\*\*150.00



CR2E034 (10/03)

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 65-1101822 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

4/29/05 954.563.2444

Daytime Phone #

Rebecca A Foster

FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308

SIGNATURE:

# DO NOT WRITE IN THIS SPACE

No Chg-P

04292005

B. 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				
		Election Campaign Finand     Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOSTER, REBECCA A 3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DVT LANDAU, MARC J 3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY-SJ-ZIP	V OTTINO,III, JP 3015 N OCEAN BLVD, #121 FORT LAUDERDALE, FL 33308		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
THLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 the 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 trusted emptywered 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 addition, with all other like empowered.				