


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 031 ***150.00

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| DOCUMENT # P01000108021 |  |
| 1. Entity Name ROYAL PRINCE, INC. | |

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| Principal Place of Business 1717 N BAYSHORE DRIVE, # 2744 MIAMI, FL 33132 | Mailing Address % EDUARDO FERNANDEZ 4100 SW 57 AVE MIAMI, FL 33155 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 1717 North Bayshore Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. # 2744 |
| City & State | City & State Miami, FL |
| Zip | Zip 33132 |
| Country | Country USA |

40056003



02262007 Chg-P CR2E034 (12/06)

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent FERNANDEZ, EDUARDO ESQ 4100 SW 57TH AVENUE MIAMI, FL 33155 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

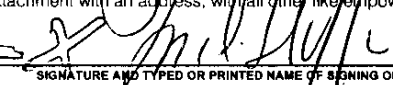
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAJJAR, NABIL 1717 N BAYSHORE DRIVE, #2744 MIAMI, FL 33132 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE HAJJAR, MILA T 1717 N BAYSHORE DRIVE, #2744 MIAMI, FL 33132 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  02-27-07 305-3423223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #