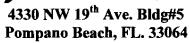
2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Hen

Jul 12, 2004 8:00 am Secretary of State **DOCUMENT # P01000120490** 07-12-2004 90023 015 ***150.00 1. Entity Name ROYCE DIRECT, INC. Principal Place of Business Mailing Address 4330 NW 19TH AVE BLD #5 4330 NW 19TH AVE BLD #5 POMPANO BCH, FL 33064 POMPANO BCH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 02-0558908 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENWALD, ANNETTE Street Address (P.O. Box Number is Not Acceptable) 4330 NW 19TH AVE BLD #5 POMPANO BCH, FL 33064 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the . . . Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE : TITLE Change ☐ Addition □ Delete GREENWALD, ANNETTE NAME : NAME 4330 NW 19TH AVE. BLD#5 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-7IP CITY-ST-ZIP TITLE C Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Rorida 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.





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www.RoyceDirect.com

To Whom It May Concern:

Regarding the annual report we did not receive the notice to file, I have enclosed the 2004 For Profit Corporation Annual Report Form, and also a check in the amount of \$150.00. If you have any questions please feel free to contact our office.

Thank you,

Brigitte Greenwald Office MGR.