2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-24-2003 90643 005 ***158.75
P02000086419

FILED
03 JUN -6 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086419

1. Entity Name
ROYAL PRESTIGE D'CLASS, CORP.

Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD. SUITE #256 SUNRISE FL 33313	6289 W. SUNRISE BLVD. SUITE #256 SUNRISE FL 33313

2. Principal Place of Business	3. Mailing Address
6289 W. SUNRISE BLV.	6289 W SUNRISE BLV.
Suite, Apt. #, etc.: Suite 114.	Suite, Apt. #, etc.: Suite 114.
City & State: SUNRISE Fl.	City & State: SUNRISE FL.
Zip: 33313. Country: USA.	Zip: 33313. Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0424924 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BORNACHERA, CARLOS F
11145 SW 6TH STREET APT. #203
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name: CARLO BORNACHERA
Street Address (P.O. Box Number is Not Acceptable): 6289 W. SUNRISE BLV.
City: SUNRISE. FL Zip Code: 33313.

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] 03-18-03.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORNACHERA, CARLOS F 11145 SW 6TH STREET APT. #203 PEMBROKE PINES FL 33025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARLO BORNACHERA. 6289 W SUNRISE BLV #114. SUNRISE FL 33313. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGNATURE REQUIRED [signature] 03-18-03. 9547927262.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)