## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P02000111844** 1. Entity Name ROYALE FLORIDA ENTERPRISES, INC. 04-12-2004 90271 014 \*\*\*150.00 Mailing Address Principal Place of Business 18101 COLLINS AVENUE 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 3. Mailing Address 2. Principal Place of Business 18001 Collins thenve 18001 Collins Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 03312004 CR2E034 (10/03) Chg-P 314 Floor 31st Floor City & State City & State 4. FEI Number Applied For Sunny 16-1633819 Not Applicable งงากน Beach, FL Iales Beach. \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required U.S.A. 35160 USA <u>38160</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134 Zip Code City 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. . . skiau – podžinopo učivou i <u>M</u>ara, Noduje spakansport in and the SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 044-81-95 Plant referen 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees EGAfter May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition TÎLÊ. TITLE ☐ Delete SALMON, LESLIE BA FIFTH AVENUE, IIMPIL SALMON, LESLIE NAME NAME STREET ADDRESS 18101 COLLINS AVENUE STREET ADDRESS NY NY 10003 CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 PRES Change Addition ☐ Delete TITLE TITLE DETEL HIL 1800 COLUNSAUE, 35 FUR MAME NAME STREET ADDRESS STREET ADDRESS SUMMISES BEACH, FL 33160 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE DEZERTZON ESTEE. NAME NAME 89 FIFTH ANENUE, IN PLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NY, NY10003 CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP TITI F Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS Deactas wie disectors APPENDIX OF THE PROPERTY OF THE STATE OF THE CITY-ST-ZIP-☐ Change ☐ Addition MEREON IN M. S. SCOOL PLAN WAS IN ARCHAR JITI F மு 🖾 Delete, கொழு haded to figure ender in ser en ander 1.17 NAME: IUG YENG WEASH Bleeden Camprig. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP scot at this, a detail 9. Courses grower are bring of the latest relatinguishes (MODE) 12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone 8