
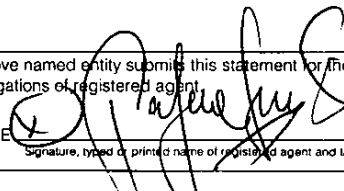
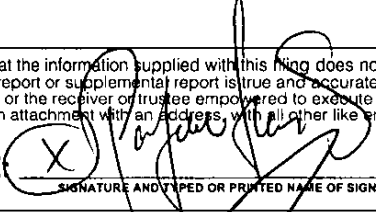


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90174 045 ***158.75

DOCUMENT # P03000014582 1. Entity Name T ROYALE 4202 CORP.			
Principal Place of Business 10560 S.W. 160 CT. MIAMI, FL 33196 US		Mailing Address 10560 S.W. 160 CT. MIAMI, FL 33196 US	
2. Principal Place of Business - No P.O. Box # 335 So Biscayne Blvd		3. Mailing Address 335 So Biscayne Blvd	
Suite, Apt. #, etc. Suite # 2906		Suite, Apt. #, etc. Suite # 2906	
City & State Miami - FL		City & State Miami FL	
Zip 33131		Zip 33131	
Country USA		Country USA	
4. FEI Number 20-0066785		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCES, RAFAEL 10560 S.W. 160 CT. MIAMI, FL 33196		7. Name and Address of New Registered Agent Name LUCES, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 335 So - Biscayne Blvd Suite # 2906 City Miami FL Zip Code 33131	
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 		DATE 1-31-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME LUCES, RAFAEL	<input type="checkbox"/> Delete	
STREET ADDRESS 10560 S.W. 160 CT.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PRES SEC	NAME LUCES, RAFAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 335 So. Biscayne Blvd -	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Suite # 2906 Miami FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 		Date 1-31-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 556-9952	