

## **2008 FOR PROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

**DOCUMENT # P03000014582** 

T ROYALE 4202 CORP.



**FILED** Feb 25, 2008 08:00 AN **Secretary of State** 

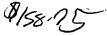
Principal Place of Business

Mailing Address

335 SO BISCAYNE BLVD. SUITE #2906

MIAMI, FL 33131

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02152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0066785 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Parities and Company (1986) 6. Name and Address of Current Registered Agent

LUCES, RAFAEL 335 SO BISCAYNE BLVD. **SUITE 2906** MIAMI, FL 33131

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	named entity submits this statement for the plons of registered agent.	ourpose of changing its register	ed office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	Manakasha (NOTE Barada)	d Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 Frust Fund Contribution  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution		ncing \$5.00 May Be	DATE	
10.	OFFICERS AND DIREC	CTORS	· 中国"通信等,我们实现实现的。"	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 attachmer other like empowered,

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR