2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State

DOCUMENT # P03000020501 1. Enity Name ROYAL, PALM BEACH SUBS CORP.						Secre	iary of State	
Principal Place of Business 1301 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411		Maining Address 1301 ROYAL PALM BEACH BLV ROYAL PALM BEACH, FL 3341						
		RITE IN THIS SPAC		CE	01102006 4. FEI Numbe 43-200	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
NOGUEIRA, CARLOS 6158 C DURHAM DRIVE LAKE WORTH, FL 33467		s of Gurrent Registered Agent		DO NOT WRITE IN THIS SPACE				
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. INDIE: Registered Agent signature required when remarkating) DATE								
FILE N After May	NOWIII FEE IS \$1 1, 2006 Fee will	9. Election Campaign Financing \$ be \$550.00 Trust Fund Contribution.			.00 May Be ed to Fees			
NAME NI STREET ADDRESS 81 CITY-SI-ZIP L TITLE D NAME NI STREET ADDRESS 61	LAKE WORTH, FL 33467 D NOGUEIRA, LILIANE 6158 C DURHAM DRIVE				000000396985 01/30/06-80031-011 158.75			
HILE NAME SIREET ADDRESS CHY-ST-ZIP				DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP					114	i Hio or	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			***					
Title Name Street address City-St-Zip								
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 will an address, with all other like empowered.								
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone &								