


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90126 041 ***150.00

DOCUMENT # P03000029693

1. Entity Name
ROYALTY/TECH GLOBAL H.R., INC.



Principal Place of Business Mailing Address

4500 28TH STREET N ST.PETERSBURG FL 33714 **POST OFFICE BOX 21708 TAMPA FL 33622**

24073110

2. Principal Place of Business **11266 W. HILLSBOUROUGH**

3. Mailing Address **28 E. JACKSON BLDG 10 th FL**

Suite, Apt. #, etc. **AVE #158-a** Suite, Apt. #, etc. **R542**



MOORE CR2E034 (11/03)

City & State **TAMPA, FL** City & State **CHICAGO, IL**

Zip **33635** Country **HILLSBOUROUGH** Zip **60604** Country **CHICAGO**

4. FEI Number **06-1683074** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **same**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	
TITLE PD NAME HUDSONS, ED DR. STREET ADDRESS 4500 28TH STREET N CITY-ST-ZIP ST.PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE V NAME RUHL, NANCIE J STREET ADDRESS 4500 28TH STREET N CITY-ST-ZIP ST.PETERSBURG FL 33714	<input type="checkbox"/> Delete
TITLE SD NAME ADAIR, MARINA DR. STREET ADDRESS 4500 28TH STREET N CITY-ST-ZIP ST.PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE TD NAME VARUGHESE, GEORGE DR. STREET ADDRESS 4500 28TH STREET N CITY-ST-ZIP ST.PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE D NAME HUDSONS, WILLIAM STREET ADDRESS 4500 28TH STREET N CITY-ST-ZIP ST.PETERSBURG FL 33714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME DIRECTOR/pres STREET ADDRESS JOHN HANSON CITY-ST-ZIP C/O11266 W. HILLSBOUROUGH AVE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME ANGELIE LYN KEE CHOW- HUDSONS STREET ADDRESS 28 E. JACKSON BLDG CITY-ST-ZIP CHICAGO, IL60604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME LADY C. ROSE STREET ADDRESS 28 E. JACKSON BLDG #R542 CITY-ST-ZIP CHICAGO, IL 60604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DR. RALPH WILLIAMS STREET ADDRESS 11266 W. HILLSBOUROUGH AVE #158 CITY-ST-ZIP TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DR. WILLIAM GATES STREET ADDRESS DIRECTOR CITY-ST-ZIP 28E. JACKSON BLDG #R542, chicago	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DR. EDWARD HON STREET ADDRESS DIRECTOR CITY-ST-ZIP 28 E. JACKSON BLDG3 # R542 CHICAGO, IL60604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROYALTY/TECH GLOBAL H.R., INC.
NEW PRINCIPAL PLACE OF BUSINESS
11266 W. HILLSBOUROUGH AVE #158-A
TAMPA, FL 33635

Attachment

24073110

#1030005963

NEW MAILING ADDRESS
28 E. JACKSON BLDG 10 TH FLR STE#R542
CHICAGO, IL 60604
ATTN : DR. EDWARD HON

LISTING OF NEW OFFICERS
001-PRESIDENT/ DIRECTOR

DR. JOHN HANSON-

-002- SECRETARY
DR. ANGELEE LYN KEE CHOW-HUDSONS
28 E. JACKSON BLDG 10 TH FLR, STE #R542
CHICAGO, IL60604

003-TREASURER
LADY C. ROSE
28 E. JACKSON BLDG 10TH FLR STE#R542
CHICAGO, IL 60604

004-VP
DR. RALPH WILLIAMS
11266 W. HILLSBOUROUGH AVE #158
TAMPA, FL33635

005-DIRECTOR
DR. WILLIAMS GATES
28 E. JACKSON BLDG 10 TH FLR#R542
CHICAGO, IL 60604

006-DIRECTOR
DR. WILLIAM GATES
28 E. JACKSON BLDG 10 TH FLR#R542
CHICAGO, IL 60604

CHICAGO, IL 60604
THE JACKSON BLDG 10 TH FLR #R542
BY MAILING OFFICE
REGISTRATION