2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 08:00 AM Secretary of State

DOCUMENT # P0300046457 1. Entity Name ROYAL LANDSCAPING MAINTENANCE, INC. Principal Place of Business Mailing Address				Secre	iary of State	
13840 72ND CT NORTH ROYAL PALM BEACH, FL 33412 ROYAL PALM BEACH, FL 33412						
DO NOT WRITE IN THIS SPACE				04042006 4. FEI Numb	No Chg-P	CR2E034 (11/05) Applied For
				83-035		Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent		<u> </u>		2 22 110421164
JEAN-BAPTISTE, ELUNES 13840 72ND CT NORTH ROYAL PALM BEACH, FL 33412			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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, upped or printed name of registered agent and this if applicable [NOTE, Registered Agent signature required when retrasting) OATE						
FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.GO May Be ed to Fees	000000 -04/21/06	495598 -80015-024 150.00
10.	OFFICERS AND DIRECT	TORS			· · · · · · · · · · · · · · · · · · ·	
NAME	ELAN, GYLHERME	_				
STREET ADDRESS	13840 72ND CT NORTH ROYAL PALM BEACH, FL 33412					
TIPLE	PS					
NAME	JEAN-BAPTISTE, ELUNES					
STREET ADDRESS CITY-ST-ZIP	13840 72ND CT NORTH ROYAL PALM BEACH, FL 33412					
TATLE						
NAME STREET ADDRESS						
CiTY-SI-ZIP				DO	NOT W	RITE
SISLE NAME				IN	THIS SP	ACE
STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS						
CITY-SI-ZIP						
NAME						
STREET ADDRESS CITY-ST-ZIP						
	ertily that the information supplied with this file	ing does not qualify for the exer	reptions contained	in Chapter 119	Florida Statutes. I I	urther certify that the information
12. I hereby certily that the information supplied with this filing does not quality 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 diffector of the corporation or the receiver or trustee employered 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 attacturent with a didness will all other like empowered.						