

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054150

FILED
Jul 09, 2004
Secretary of State

Entity Name: ROYAL GYMNASTICS ACADEMY, INC.

Current Principal Place of Business:

400 NW ENTERPRISE DR
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 882151
PORT ST LUCIE, FL 34988

New Mailing Address:

FEI Number: 65-0265841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDES, MALKAL
8251 BUSINESS PARK DRIVE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

ANDES, MALKAL
P.O. BOX 882151
PORT ST. LUCIE, FL 34988 US

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.

SIGNATURE: MALKAL ANDES

07/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDES, MALKAL
Address: 8251 BUSINESS PARK DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDES, MALKAL
Address: P.O. BOX 882151
City-St-Zip: PORT ST. LUCIE, FL 34988 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALKAL ANDES

P

07/09/2004

Electronic Signature of Signing Officer or Director

Date