

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000096910

1. Entity Name
ROYAL PHARMACY CARE INC.



FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90190 007 ***150.00

Principal Place of Business
8102 KENDELWICK CT.
TAMPA, FL 33647

Mailing Address
8102 KENDELWICK CT.
TAMPA, FL 33647

2. Principal Place of Business
8386 GOLDEN PRAIRIE
Suite, Apt. #, etc.
DR. TAMPA
City & State
TAMPA FL
Zip
33647 Country
USA

3. Mailing Address
8386 GOLDEN PRAIRIE
Suite, Apt. #, etc.
DR.
City & State
TAMPA FL
Zip
33647 Country
USA



04252004 Chg-P CR2E034 (10/03)

4. FEI Number
73-1679907 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGBELI, CHRISTIAN C
8102 KENDELWICK CT.
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name
AGBELI, CHRISTIAN C
Street Address (P.O. Box Number is Not Acceptable)
8386 GOLDEN PRAIRIE DR
City
TAMPA FL Zip Code
33647

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 *Christian C Agbeli, President* 4/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGBELI, CHRISTIAN C 8102 KENDELWICK CT. TAMPA, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACQUAAH, JULIUS B 8102 KENDELWICK CT. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIEUDONNE, JEAN 8102 KENDELWICK CT. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 NAME STREET ADDRESS CITY-ST-ZIP	P AGBELI, CHRISTIAN C 8386 GOLDEN PRAIRIE DR TAMPA FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Christian C Agbeli, President* 4/25/04 813 975-1552
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE Daytime Phone #
CHRISTIAN C AGBELI