2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90229 005 ***150.00

DOCUMENT # P03000123337

1. Entity Name
CROWN ROYAL HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
C/O DOUGLAS E EDE 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143	C/O DOUGLAS E EDE 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12211 SW 121 Terrace	901 Ponce de Leon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 606
City & State: Miami, FL	City & State: Coral Gables, FL
Zip: 33186 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. FEI Number: 20-0973321 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDE, DOUGLAS E
C/O DOUGLAS E EDE
6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: Arnaldo Arias
Street Address (P.O. Box Number is Not Acceptable): 901 Ponce de Leon Blvd
Suite 606
City: Coral Gables FL Zip Code: 33134

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: Arnaldo Arias
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	EDE, DOUGLAS E		NAME	Arnaldo Arias	
STREET ADDRESS	6333 SUNSET DRIVE		STREET ADDRESS	901 Ponce de Leon Blvd., Suite 606	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Arnaldo Arias — 4/23/04 — 305-7856161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #