## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Principal Plac 5500 NW 2N #116 BOCA RATO 2. Principal P 5500 Suite, Apt.	DEFICE CI DE OF Busines ND AVENUE ON FL 3348 Place of Busin #. etc.	<b>7</b>	Mallin 5500 #116 BOC.	ing Address NW 2ND AVENU A RATON FL 334 Hing Address C Gov 8// e, Apt. #, etc.	INC. Idress 2ND AVENUE ATON FL 33487  Address 80 × 8// 377-Fl. DI. #, etc.			O4 SEP -2 PH 12: 43  SECRETARY OF STATE TALL ALLASSEE, FLORIDA  MOORE CR2E034 (11/03)		
Bock Raton			Boca Raton				2-2407464		plied For Applicable	
<del></del>		Pak Bead		481	Coun	n Beach	5. (	Certificate of Status Desired [	\$8.75 Addi	
6. Name and Address of Current R				legistered Agent Name			7. 1	Name and Address of New Regis	tered Agent	
SAUCEDO, LÚIS F 5500 NW 2ND AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
#116 BOCA RATON FL 33487							<del></del>		<u> </u>	
		á				City			FL Zip Code	
8. The above named entry 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 yegistered agent.										
SIGNATURE Leis Saucello Va										
SignAture, typod or printed name of registered agoni and lide if applicable. (NOTE, Registered Ageni 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								Election Campaign Financi     Trust Fund Contribution.		D May Be to Fees
10.	T.	OFFICERS AND	DIRECTO		11.		AD	L DITIONS/CHANGES TO OFFICER	IS AND DIRECTORS	IN 11
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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 that I am an officer or director of the corporation or the receiver or the corporation or the re										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DESCRIPTION DAY										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFIECTOR David Day Organic Proces										

04-01-2004 90029 032 \*\*\*150.00

## ROYAL OFFICE CLEANING OF PALM BEACH, Inc. 5500 N.W. 2<sup>nd</sup> Ave. Suite # 116 Boca Raton, FL 33487 P.O. Box 811377 Boca Raton, FL 33481

Florida Department of State Annual Reports Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314

Subject: ROYAL OFFICE CLEANING OF PALM BEACH, Inc.

Federal identification Number: 52-2407464

## Dear Sir:

I had sent a check for the amount of \$150.00, check # 1007 for 2004 Profit Corporation Annual Report for Royal Office Cleaning of Palm BEACH, Inc.

I received a notification that I was not register with the State of Florida and that I was penalize with a fee of \$ 550,00.

I called the State and was notified that they were missing my FEI number and that letter was sent to our office. I never received the letter and that is why I am asking you to please apply this check to the FEI number mention above

Sincerely

Luis Saucedo Paz

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