

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90426 044 ***150.00

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04212006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000060677 1. Entity Name ROYAL PRESTIGE ICARO COMPANY																													
Principal Place of Business 18189 NW 73 AVE #102 MIAMI LAKES, FL 33015			Mailing Address 18189 NW 73 AVE #102 MIAMI LAKES, FL 33015																										
2. Principal Place of Business 2201 KeyWest Ct Suite, Apt. #, etc. 318 City & State Kissimmee, FL Zip 34741		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 38-3700422																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																											
6. Name and Address of Current Registered Agent DEL PILAR RODRIGUEZ, MARIA 18189 NW 73 AVE #102 MIAMI LAKES, FL 33015			7. Name and Address of New Registered Agent Name DEL PILAR RODRIGUEZ MARIA Street Address (P.O. Box Number is Not Acceptable) 2201 KeyWest Ct # 318 City Kissimmee, FL Zip Code 34741																										
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: <u><i>Maria del Pilar Rodriguez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEL PILAR RODRIGUEZ, MARIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18189 NW 73 AVE #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES, FL 33015</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	DEL PILAR RODRIGUEZ, MARIA		STREET ADDRESS	18189 NW 73 AVE #102		CITY-ST-ZIP	MIAMI LAKES, FL 33015		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">Pd</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DEL PILAR RODRIGUEZ, MARIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2201 KeyWest Ct # 318</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Kissimmee, FL 34741</td> <td></td> </tr> </table>			TITLE	Pd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DEL PILAR RODRIGUEZ, MARIA		STREET ADDRESS	2201 KeyWest Ct # 318		CITY-ST-ZIP	Kissimmee, FL 34741	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #