

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000060677

1. Entity Name
ROYAL PRESTIGE ICARO COMPANY



Principal Place of Business
2201 KEYWEST CT
318
KISSIMMEE, FL 34741

Mailing Address
2201 KEYWEST CT
318
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

05-04-2007 90102 049 ***150.00

**FILED
May 04, 2007 8:00 am
Secretary of State**

40106376



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3700422	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DEL PILAR H
2201 KEYWEST CT #318
KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

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

(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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME RODRIGUEZ, DEL PILAR H
STREET ADDRESS 2201 KEYWEST CT #318
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *McPlace Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #