2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P04000074840

Entity Name: ROYAL PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

3335 SW HIMANGO ST
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

3335 SW HIMANGO ST
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-1103130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, FABIO L
3335 SW HIMANGO ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVA, FABIO L
Address: 3335 SW HIMANGO ST
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VPD ( ) Delete
Name: MARTINEZ, JUAN CARLOS
Address: 2105 S 3RD ST.
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: CHAVEZ, GUADALUPE
Address: 2105 S 3RD ST.
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: MARTINEZ, JUAN CARLOS
Address: 2105 S 3RD ST.
City-St-Zip: FORT PIERCE, FL 34950 US

Title: D (X) Change ( ) Addition
Name: MARTINEZ, ARMANDO
Address: 2105 S. 3RD ST.
City-St-Zip: FORT PIERCE, FL 34950 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIO L. SILVA PD 04/12/2007

Electronic Signature of Signing Officer or Director Date