2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
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:

1570 SW PITTS AVE.
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

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

New Mailing Address:

1570 SW PITTS AVE.
PORT ST. LUCIE, FL 34953 US

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:

SILVA, FABIO L
1570 SW PITTS AVE.
PORT ST LUCIE, FL 34953 US

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: FABIO L. SILVA 07/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SILVA, FABIO L
Address: 1570 SW PITTS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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 07/15/2008
Electronic Signature of Signing Officer or Director Date