


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90111 036 ***150.00

DOCUMENT # P04000081218	
1. Entity Name ROYAL INVESTMENTS HOLDING CORP.	

Principal Place of Business 1844 NORTH NOB HILL ROAD SUITE 242 PLANTATION FL 33322	Mailing Address 1844 NORTH NOB HILL ROAD SUITE 242 PLANTATION FL 33322
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2. Principal Place of Business 1150 NW 101 Ave	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANTATION FL	City & State
Zip 33322	Country USA

4. FEI Number 00	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIRIT & VITA P.A. 1844 SW 22ND ST 4TH FLOOR MIAMI FL 33135	7. Name and Address of New Registered Agent Name Moshe Cohen Street Address (P.O. Box Number is Not Acceptable) 1150 NW 101 Ave City PLANTATION FL Zip Code 33322
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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 **Moshe Cohen** (NOTE: Registered Agent signature required when reinstating) DATE **3/16/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COHEN, MOSHE 1844 NORTH NOB HILL ROAD PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LEVINSON, KENNETH B 1844 NORTH NOB HILL ROAD PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **Moshe Cohen** DATE **3/16/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #