

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000162724

1. Entity Name
ROYAL HOME HEALTH AGENCY SERVICE CORP.



Principal Place of Business
13370 SW 131 ST #108
MIAMI, FL 33186

Mailing Address
13370 SW 131 ST #108
MIAMI, FL 33186

2. Principal Place of Business

2760 SW 97 Ave

Suite, Apt. #, etc.

108

City & State

Miami, FL

Zip
33165

Country

3. Mailing Address

2760 SW 97 Ave

Suite, Apt. #, etc.

108

City & State

Miami, FL

Zip
33165

Country



REINSTATEMENT 2006

4. FEI Number
34-2025861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BULNES, GLADYS
3135 S.W. 102 PLACE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$750.00
After January 1, 2007, Fee will be \$900.00

600081436166
11/01/06--01048--010 **150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS BULNES, GLADYS
CITY-ST-ZIP 13370 SW 131 ST. #108
MIAMI, FL 33186 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys Bulnes / Manager

Date

Daytime Phone #

2 of 2

ROYAL HOME HEALTH AGENCY SERVICE CORP..

2760 SW 97 Ave. Suite # 108

Miami, Fl 33165

October 26, 2006

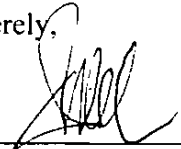
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

Reference: Porfit Corporation Annual Report
Document #: P04000162724

To Whom It May Concern:

We are attaching our profit annual report; we want to request you the exoneration filing late fee. We did not receive the post card annual report notice and this made us to filing late. We really appreciate any your forgiveness in this matter

Sincerely,



Gladys Bulnes