

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000017250

1. Entity Name
 ROYAL PALM CAPITAL MANAGEMENT, INC.



Principal Place of Business
 595 S FEDERAL HWY STE 500
 BOCA RATON, FL 33432

Mailing Address
 595 S FEDERAL HWY STE 500
 BOCA RATON, FL 33432



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-2417349

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

02/19/08-80008-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHON, RICHARD C 595 S FEDERAL HWY STE 500 WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUFF, JACK I 595 S FEDERAL HWY STE 500 WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRARI, MARIO B 595 S FEDERAL HWY STE 500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FARENHEM, ROBERT C 595 S FEDERAL HWY STE 500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Robert C. Farenhem 2-5-08 561-955-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #