

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096134

Entity Name: ROYAL MOBILE, INC.

FILED  
Apr 17, 2006  
Secretary of State

## Current Principal Place of Business:

8232 NW 192 TERRACE  
MIAMI, FL 33015

## New Principal Place of Business:

6850 SW 195 AVENUE  
FT. LAUDERDALE, FL 33332 US

## Current Mailing Address:

8232 NW 192 TERRACE  
MIAMI, FL 33015

## New Mailing Address:

6850 SW 195 AVENUE  
FT. LAUDERDALE, FL 33332 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUSSAIN, ATIF  
8232 NW 192 TERRACE  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

HUSSAIN, ATIF  
6850 SW 195 AVENUE  
FT. LAUDERDALE, FL 33332 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: ATIF HUSSAIN

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUSSAIN, ATIF  
Address: 8232 NW 192 TERRACE  
City-St-Zip: MIAMI, FL 33015

Title: V ( ) Delete  
Name: MOHAMMAD, SALIM  
Address: 8232 NW 192 TERRACE  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HUSSAIN, ATIF  
Address: 6850 SW 195 AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33332 US

Title: VD (X) Change ( ) Addition  
Name: MOHAMMAD, SALIM  
Address: 6850 SW 195 AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33332 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: ATIF HUSSAIN

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date