

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90077 029 \*\*\*158.75

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<b>DOCUMENT # P06000033129</b> 1. Entity Name <b>ROYALTY INSURANCE SERVICES, INC.</b>					
Principal Place of Business <b>5530 NW 17 AVENUE MIAMI, FL 33142</b>			Mailing Address <b>18810 NW 57 AVENUE 201 HIALEAH, FL 33015</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address <b>5530 N.W. 17 Ave</b> Suite, Apt. #, etc.		
City & State <b>MIAMI, FL</b>			City & State <b>MIAMI, FL</b>		
Zip <b>33142</b>		Country <b>U.S.A</b>		4. FEI Number <b>20-4440047</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>THOMPSON, EVETTE K 18810 NW 57 AVENUE 201 HIALEAH, FL 33015</b>			7. Name and Address of New Registered Agent Name <b>Evette K. Thompson - McCreA</b> Street Address (P.O. Box Number is Not Acceptable) <b>20610 N.W. 12 St</b> City <b>MIAMI GARDENS</b> FL Zip Code <b>33169</b>		
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 _____ <small>Signature: typed or printed name of registered agent and file if applicable (NOTL Registered Agent signature required when translating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	PTS THOMPSON, EVETTE K 18810 NW 57 AVENUE, 201 HIALEAH, FL 33015		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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					
<b>SIGNATURE:</b>			<b>3/7/07 786-367-6800</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day/e Phone #</small>		