

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000040908	
1. Entity Name ROYAL LIFE CONSTRUCTION CORP	



FILED
2007 JUN 22 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 370623 MIAMI, FL 33137 US	Mailing Address PO BOX 370623 MIAMI, FL 33137 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1200 NE 205th Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Miami, FL 33138</i>	
Zip	Country	Zip	Country
<i>33138</i>	<i>USA</i>	<i>33138</i>	<i>USA</i>

06182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent JOSEPH, JAMES M 1 NW 54TH STREET MIAMI, FL 33127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *James Joseph* *James Joseph* *6/18/2007*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPHAEL, HERNES 5 NW 54TH STREET MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Magalie J. Adelson</i> <i>57 NE 68th St</i> <i>Miami, FL 33138</i> <input checked="" type="checkbox"/> Change <input checked="" 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
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 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: *Magalie J. Adelson* *Magalie J. Adelson* *6/18/07* *954-325-0987*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

T Lewis