## Apr 16, 2008 8:00 am Secretary of State **2008 FOR PROFIT CORPORATION** ANNUAL REPORT 04-16-2008 90028 015 \*\*\*150.00 DOCUMENT # P06000093337 1. Entity Name **ROYAL REALTORS INC** Principal Place of Business Mailing Address 60024462 1300 LINCOLN ROAD 1300 LINCOLN ROAD 801 801 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # Mailing Address 1004 HE 17 9 1004 KE Suite, Apt. #, etc. Suite, Apt. #. etc. 03062008 CR2E034 (12/06) City, & State 4. FEI Number Applied For first can DELLOUIE, 20-5261500 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Beownie 33355 ろうじんれる 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANCHA, LEONARDO 1300 LINCOLN ROAD Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33139 City Zip Code FL 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. ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Addition TITLE Change ucha, CEDNAIZAO NAME MANCHA, LEONARDO STREET ADDRESS 1300 LINCOLN ROAD APT 801 NE 13 C STREET ADDRESS. CITY - ST - ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP THEE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CHY-ST-ZiP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-2IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Oelete Addition TITLE Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THILE ☐ Delete MUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 eath, 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.

CHY-ST-ZIP

changed, or on an attachment with an address, with an other like empowered

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #