
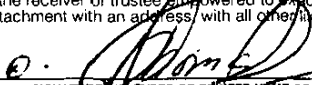


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 001 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P07000051609 1. Entity Name ROYAL TRAILERS, INC. | | | |  | |
| Principal Place of Business 2910 NW 102 STREET MIAMI, FL 33147 | | | Mailing Address 2910 NW 102 STREET MIAMI, FL 33147 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40000853</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 01042008 Chg-P CR2E034 (12/06) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-8945916 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div> | |
| 6. Name and Address of Current Registered Agent MORERA, RENE T 2910 NW 102 STREET MIAMI, FL 33147 | | | | 7. Name and Address of New Registered Agent Name RENE TOMAS Street Address (P.O. Box Number is Not Acceptable) 2910 NW 102 ST City Miami FL Zip Code 33147 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> MORERA, RENA T 2910 NW 102 STREET MIAMI, FL 33147 </div> <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> RENE TOMAS 2910 NW 102 ST Miami, FL 33147 </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="border: 1px solid black; padding: 2px;"> </div> <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:  | | | SIGNATURE: RENE TOMAS President | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> 1/4/08 <small>Daytime Phone #</small> 786 523 7871 | | |