2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2008 8:00 am Secretary of State DOCUMENT # P07000055123 1. Entity Name 02-19-2008 90029 042 ***150.00 ROYAL LIVING AT COCONUT CREEK, INC. Principal Place of Business Mailing Address 3420 NW 71ST STREET COCONUT CREEK FL 33073 3420 NW 71ST STREET COCONUT CREEK FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 261122 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JA PINDER RANIERI. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 3890 WEST COMMERCIAL BOULEVARD 211 FORT LAUDERDALE FL 33309 FI 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, typod or printed name of regis stated neert and this I applicable. (NOTE: Registered Agont algorithms required when reinstatung) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME SAHI, JAPINDER NAME STREET ADDRESS 3420 NW 71ST STREET STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 782 TITLE Derete IIILE Change Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

JAPINDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED