

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063263

FILED
Apr 13, 2009
Secretary of State

Entity Name: ROYAL CAPITAL GROUP CORP.

Current Principal Place of Business:

660 CONDE AVE.
CORAL GABLES, FL 33156 US

New Principal Place of Business:

1330 WEST AVE
#2113
MIAMI, FL 33139 US

Current Mailing Address:

660 CONDE AVE.
CORAL GABLES, FL 33156 US

New Mailing Address:

PO BOX 398095
MIAMI BEACH, FL 33239 US

FEI Number: 26-1115242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

LEVY, LERON MR.
1339 WEST AVE
2113
MIAMI, FL 33139 US

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.

SIGNATURE: LERON LEVY

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVY, LERON
Address: 5333 COLLINS AVE PH4
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: T (X) Delete
Name: MEDINA, SHANNON
Address: 660 CONDE AVE.
City-St-Zip: CORAL GABLES, FL 33156 US

Title: S (X) Delete
Name: BROCK, CRAIG
Address: 3502 W OBISPO ST
City-St-Zip: TAMPA, FL 33629 US

Title: D (X) Delete
Name: MEDINA, SHANNON
Address: 660 CONDE AVE.
City-St-Zip: CORAL GABLES, FL 33156 US

Title: D () Delete
Name: LEVY, LERON
Address: 5333 COLLINS AVE PH 4
City-St-Zip: MIAMI BEACH, FL 22140 US

Title: D () Delete
Name: BROCK, CRAIG
Address: 3502 W OBISPO ST.
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEVY, LERON
Address: 1330 WEST AVE #2113
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LERON LEVY

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date