

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90042 016 ***150.00

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1. Entity Name
ROYAL VIEW APARTMENTS, INC.



Principal Place of Business
10269 S.W. FLAGLER TERRACE
MIAMI, FL 33174 US

Mailing Address
10269 S.W. FLAGLER TERRACE
MIAMI, FL 33174 US

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0413834

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ERNESTO A
10269 S.W. FLAGLER TERRACE
MIAMI, FL 33174

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IN THIS SPACE**

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 _____

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SANCHEZ, ORLANDO
STREET ADDRESS 7941 S.W. 162 COURT
CITY-ST-ZIP MIAMI, FL 33193

TITLE D
NAME SANCHEZ, FELIX R
STREET ADDRESS 10269 S.W. FLAGLER TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE DP
NAME GOMEZ, ERNESTO A
STREET ADDRESS 10269 S.W. FLAGLER TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06

Date

Daytime Phone #