2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000058811 **DOCUMENT #**

1. Entity Name

ROYAL RETIREMENT VILLA, INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90227 020 ***150.00

Signature_Product or projected agent and 84to it applicable. (NOTE Registered Agent segnature required when rearstating)						GOO WE THE				
Suita, Apt. #, etc. Guerry Suita Guerry S. Certificate of Status Dealer Marking Clianses Applied For Not Applied Status Applied For Not Ap	1270 NE 112TH ST MIAM! FL 33161			1270 NE 112TH ST MIAMI FL 33161						
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Zip Country Zip Country S. Cartificate of Status Desired S8.75 Additional Food Required	Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			сн	ECK HERE IF MAKIN	IG CHANGES	8
So. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable her obligations of registered agent. SignATURE Signam, proof or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$650.00 After May 1, 2003 Fee wi	City & State			City & State			EPANIE 10			
BOCKMAN, CHANA 1401 IMAM GARDENS DR. #1996 MIAMI FL 33179 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Significant for May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE BERT ADDRESS DOKKMAN, CHANA Y 1401 IMAMI GARDENS DR. #1996 INSET ADDRESS DIVEST-2P INSET ADDRESS DIVEST-	Zip Country			Zip Coun		try	5. Certificate of Status Desired \$8.75 Additional			iditional
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Street Address (P.O. Box Number is Not Acceptable)						Name		a of New Magistered	Agent	
MIAMI FL 33179 City FL Zip Code		=	DD #4000				(P.O. Box Number is Not	Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and tile if applicable. (NOTE Registered Agent agriculture required when registering) DATE			DR. #1096				-	07 - E		
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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