

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000065609 1. Entity Name ROYAL GROUP INVESTMENTS, INC.	
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Principal Place of Business 15500 NEW BARN RD SUITE 104 HIALEAH, FL 33014	Mailing Address 15500 NEW BARN RD SUITE 104 HIALEAH, FL 33014
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04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0461885	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PINA, ALICIO 15500 NEW BARN RD 104 HIALEAH, FL 33014
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**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

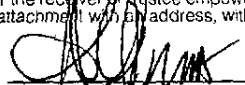
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINA, ALICIO 15500 NEW BARN RD #104 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINA, NIRMA 15500 NEW BARN RD #104 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINA, ALICIO 15500 NEW BARN RD #104 HIALEAH, FL 33014
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04/28/05-80139-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-26-05 (305) 823-2469
Date Daytime Phone #