

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

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| DOCUMENT # P93000085657 | |
| 1. Entity Name THE ROYAL HOUSE CORPORATION | |
| Principal Place of Business 13121 S.W. 122ND AVE. MIAMI, FL 33186 US | Mailing Address 13121 S.W. 122ND AVE. MIAMI, FL 33186 US |



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 65-0469067 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OSETE, MARCOS
13121 SW 122ND AVENUE
MIAMI, FL 33186**

**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 _____

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, 2008 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 | PD OSETE, RICHARD 16547 SW 95TH STREET MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD OSETE, MARCOS 2101 BRICKELL AVENUE, UNIT# 3406 MIAMI, FL 33129 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFM OSETE, KARLA E 14431 S.W. 111 STREET MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFM OSETE, EUGENIO 14431 S.W. 111 STREET MIAMI, FL 33186 |
| 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

Date

Daytime Phone #

Richard Osete (RICHARD OSETE) 2-27-2008

(305) 255-2242