2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2004 8:00 am Secretary of State **DOCUMENT # P94000072670** 03-24-2004 90018 045 ***150 00 ROYAL PALM DRAFT HOUSE & SPORTS BAR, INC. Principal Place of Business Mailing Address 1136 ROYAL PALM BEACH BLVD 2161 PALM BEACH LAKES BLVD. ROYAL PALM BEACH, FL 33411 SUITE 403 WEST PALM BEACH, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0613671 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREEFER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BLVD. SUITE 403 WEST PALM BEACH, FL City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **,10**. 11. ☐ Change Addition Delete TITLE PREEFER, RICHARD NAME NAME STIET ADDRESS 2161 PALM BEACH LAKES BLVD., SUITE 403 STREET ADDRESS CITY-ST-ZIP CITY-ST-73P WEST PALM BEACH, FL Addition Addition TITLE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-792 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Addition TITLE ☐ Delete ПΠЕ ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZOP Addition Change ☐ Delete TITLE TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED