


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90209 010 ***150.00

DOCUMENT # P95000006892
 1. Entity Name
ROYAL PROPERTY MANAGEMENT INC.



60035460



Principal Place of Business Mailing Address
 8317 W ATLANTIC BLVD 8584 SHADOW CT.
 CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33071

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04262008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 65-0566991 Not Applicable

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

6. Name and Address of Current Registered Agent
 LAPORTA, FRANK
 8584 SHADOW CT.
 CORAL SPRINGS, FL 33071

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 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
 NAME LAPORTA, FRANK
 STREET ADDRESS 8584 SHADOW CT
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VP Change Addition
 NAME LAPORTA, Frank
 STREET ADDRESS 8584 Shadow Ct.
 CITY-ST-ZIP Coral Springs FL 33071

TITLE VP Delete
 NAME LAPORTA, MARILYN
 STREET ADDRESS 8584 SHADOW COURT
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE P Change Addition
 NAME LAPORTA, Marilyn
 STREET ADDRESS 8584 Shadow Ct
 CITY-ST-ZIP Coral Springs, FL 33071

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Marilyn Laporta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 954-757-9292
Date Daytime Phone #