

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015830

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: ROYAL PALM HOME INTERIORS, INC.

## Current Principal Place of Business:

390 ATLANTIC RD.  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

520 SAVONA AVE.  
CORAL GABLES, FL 33146

## Current Mailing Address:

390 ATLANTIC RD.  
KEY BISCAYNE, FL 33149

## New Mailing Address:

520 SAVONA AVENUE  
CORAL GABLES, FL 33146

FEI Number: 65-0592299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELENA DESCHAPELLES  
390 ATLANTIC RD.  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

LOURDES PEDROSO  
520 SAVONA AVENUE  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: LOURDES PEDROSO

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DESCHAPELLES, ELENA  
Address: 390 ATLANTIC RD.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: STD ( ) Delete  
Name: PEDROSO, LOURDES  
Address: 520 SAVONA  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PEDROSO, LOURDES  
Address: 520 SAVONA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: STD (X) Change ( ) Addition  
Name: PEDROSO, JORGE  
Address: 520 SAVONA  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES PEDROSO

PD

01/06/2007

Electronic Signature of Signing Officer or Director

Date