2003 FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR Jan 13, 2003 8:00 am Secretary of State P97000063793 DOCUMENT # 1. Entity Name 01-13-2003 90834 035 ***150.00 ROYAL AIRLINE LINEN OF FLORIDA, INC. Principal Place of Business Mailing Address 7920 NW 76TH AVE 7920 NW 76TH AVE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 7920 NW 76+4 AVE 920 NW 764 AVE Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State MEDLEY 4. FEI Number からわしどり Applied For 65-0768422 Not Applicable \$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 DANNER, SIEGRIED Street Address (P.O. Box Number is Not Acceptable) 7920 N.W. 76+4 AVE 4020 NW 24TH ST MAMI-FL 33142 MEDLEY FL 33166 City 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 SIGNATURE 01-09-03 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MAGIDOW, NORMAN NAME STREET ADDRESS 7920 NW 76TH AVE STREET ADDRESS CITY-ST-ZIP MEDLEY FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NILES, JAMES R NAME STREET ADDRESS 7920 NW 76TH AVE STREET ADDRESS CITY-ST-ZIP MIEDLEY FL 33166 CITY-ST-ZIP ☐ Delete ☐ Change NAME ☐ Addition DANNER, SIEGFRIED STREET ADDRESS 7920 NW 76TH PLACE STREET ADDRESS CITY-ST-ZIP MEDLEY FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition

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 changed, or on an attachment with an address, with an other line empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-03 (305)887-6799 Date Dayline Phone #

CR2E034 (10/02)