## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 14, 2008 8:00 am Secretary of State DOCUMENT # P97000098259 1. Entity Name ROYAL OAKS APARTMENTS, INC. 05-14-2008 90018 039 \*\*\*150.00 Principal Place of Business Mailing Address 5900 STIRLING RD 5900 STIRLING RD HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0799991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROBERTS, NORMAN T P.A. DO NOT WRITE 50 WEST MASHTA DRIVE SUITE 4 IN THIS SPACE KEY BISCAYNE, FL 33149 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MORROW, RANA ILANA NAME 5900 STIRLING RD SUITE 9B STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 refery 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: 1

STREET ADDRESS CITY-ST-ZIP

I ILANA MORROLL

A/27/08

954989 0)-74 Davime Phone

**FILED**