2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND

Aug 19, 2004 8:00 am Secretary of State DOCUMENT # P98000006999 08-19-2004 90055 002 ***150.00 ROYALMARC CORPORATION Principal Place of Business Mailing Address Z4UOUOUU 100 NW 11TH STREET 100 NW 11TH STREET **SUITE B** SUITE B BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address 160 Commerce Road 160 Commerce Road Suite Apt. #, etc. Suite, Apt. #, etc. 08032004 CR2E034 (10/03) Cha-P B В City & State Applied For City & State 4. FEI Number BOYNTON BEACH, FL BEACH, FL BOYNTON 65-0810448 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33426 USA 33426 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAUL, RICHARD SILVERBERG, MARC Street Address (P.O. Box Number is Not Acceptable) 160-B COMMERCE ROAD 100-B NW 11TH STREET BOCA RATON, FL 33432 BOYNTON BEACH 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DIRECTOR Delete TITLE TITLE Change ☐ Addition SIROTA, ROY 160 B COMMERCE ROAD SIROTA, ROY NAME STREET ADDRESS 100-B NW 11TH STREET STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP OFFICER PAUL, RICHARD -Delete TITLE Change Addition TITLE NAME SIROTA: MARIE ---160-B COMMERCE ROAD STREET ADDRESS 100-B NW 11TH STREET STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Addition Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of trusted empowered to execute the eport 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 the like appowered.

G OFFICER OR DIRECTOR

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