2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-02-2006 90148 031 ***150.00

DOCUMENT # P98000030026

1. Entity Name
ONE ROYAL PALM, INC.

Principal Place of Business	Mailing Address
980 N. FEDERAL HWY., SUITE 400 BOCA RATON, FL 33432	980 N. FEDERAL HWY., SUITE 400 BOCA RATON, FL 33432

66019323

02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0830596
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COMPARATO, ROBERT
980 N. FEDERAL HWY., SUITE 400
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMPARATO, ROBERT
STREET ADDRESS	980 N. FEDERAL HWY., SUITE 400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COMPARATO, MICHAEL
STREET ADDRESS	6575 NW 32ND WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	COMPARATO, JEFFREY
STREET ADDRESS	8650 2 EAGLE RUN DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 6/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #