## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 28, 2008 08:00 AM DOCUMENT # P98000051162 **Secretary of State** ROYAL PRESS, INC. Principal Place of Business Mailing Address 13654 N. 12TH ST., STE. 5 17947 HOLLY BROOK DRIVE TAMPA, FL 33613-4259 TAMPA, FL 33647 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2808040 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, J M DO NOT WRITE 1628 N. DALE MABRY., STE 112 LUTZ, FL 33549 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigneture required when re-netating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SHIRMOHAMMED, IRADJ U00000799547 STREET ADDRESS 13654 N. 12TH ST., STE. 5 01/30/08-80072-024 150.00 TAMPA, FL 336134259 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE

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 emplowered 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/fixe empowered.

STREET ADDRESS CITY-ST-ZIP

RE: 100 1 - JMV 1 WO V G JM W B 1 - SHOWN OF FICER OR DIRECTOR

1 28/2008

**FILED**