2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002273

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90299 041 ***158.75

1. Entity Name ROYAL RAILING CORP.	_				
Principal Place of Business 12000 MOSS RANCH ROAD -MIAMI, FL 33156-	Mailing Address 12000 MOSS RANCH ROAD MIAMI, FL 33156				EO CINO S I II (88)
2. Principal Place of Business 3. Malling Address 8340 SW 113 ST. 8340 SW		12 st.			
Suite, Apt. #, etc. Suite, Apt. #, etc.			02172005 Chg-P	CR2E034 (10/0	3)
City & State Miami 151.	City & State Miami, Fi	7.	4. FEI Number 65-0886256		Applied For Not Applicable
Zip Country	33/56	Country	5. Certificate of Status Desi	ired \$8.75 Fee Requ	Additional uired
6. Name and Address of Current	l Registered Agent	Name	7. Name and Address of N	lew Registered Agent	
SUAREZ, FERNANDO 12000 MOSS RANCH ROAD MIAMI, FL 33156		Street Address (P.O. Box Number is Not Acceptable) /			
	///,	City 'M' a	mi	FL Zip C	ode 3/4/g
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. 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signatury, poed or printed name of registrated agen	at and title if applicable. (NOTE: Regi	istered Agent signature required	d when reinstating)	DATE	
FILE NOW!!! FEE S \$150.00 After May 1 2005 Fee will be \$550.	9. Election Campaign Fi .00 Trust Fund Contributi	+-	i.00 May Be ded to Fees		
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO		
NAME SUAREZ, FERNANDO STREET ADDRESS 12000 MOSS RANCH-ROAD CITY-ST-ZIP MIAMI, FL 33156		SINEELI ADDRESS	6464 NW 77		ge 🔲 Addition
TITLE D NAME DE PABLO, FRANCISCO	☐ Delete	TITLE		☐ Chan	ge
STREET ADDRESS 12000 MOSS RANCH ROAD- CITY-ST-ZIP MIAMI, FL 33150		STREET ADDRESS 83	140 SW 112 S		
TITLE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Chan	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	
I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee eye changed, or on an attachment with an address.	th this filippe does not qualify for the is four and accurate and flat my signowered to experte this report as re, with all other like approximation.	exemption stated in Se gnature shall have the equired by Chapter 60	ection 119.07(3)(i), Florida Stat same legal effect as if made u 7, Florida Statutes; and that my	lutes. I further certify that the inder oath; that I am an offi y name appears in Block 1	ne information cer or director 0 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OR DI	IRECTOR	Date	Daytime Phon	e#