## 2007 FOR PROFIT PROPERTION ANNUAL REPORT

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P99000022200 04-18-2007 90181 044 \*\*\*150.00 ROYAL TILES OF USA INC. Principal Place of Business Mailing Address 106 S CORTEZ DR CIR Q 106 S CORTEZ DR CIR Q POMPANO BEACH, FL 33068 POMPANO BEACH, FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>3778 Patrician Circle</u> 3778 Patrician Circle Suite, Apt. #, etc. Suite, Apt. #. etc 01222007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 65-0911883 Boynton Boynton Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Danny Koy ROY, DANNY Street Address (P.O. Box Number is Not Acceptable) 106 S CORTEZ DR CIR OF POMPANO BEACH, FL 33068 City 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 Rorida. I am familiar with, and accept 02-10-07 Danny (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, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD MILE Change . ☐ Delete TITLE ROY, DANY NAME 3778 Patrician Circle STREET ADDRESS STREET ADDRESS 106 S CORTEZ DR CIR Q CITY-ST-ZIP POMPANO BEACH, FL 33068 CITY-ST-ZIP TITLE TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIME ☐ Channe Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered. 02-10-07 SIGNATURE: SKINGTURE AND TYPEN OR PRINTED MAKE OF SKINING OFFICER OR DIRECTOR Danny Roy, President

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