


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 023 ***150.00

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DOCUMENT # V50281			
1. Entity Name ROYAL FLORIDA HOLDINGS, INC.			
Principal Place of Business 1201 BRICKELL AVE S. 650 MIAMI, FL 33131 US		Mailing Address % BCOM 1201 BRICKELL AVENUE S. 650 MIAMI, FL 33131 US	
2. Principal Place of Business 1200 BRICKELL AVE		3. Mailing Address	
Suite, Apt. #, etc. S. 1720		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33131	Country	Zip	Country
4. FEI Number 65-0349715		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALACHI, ASLAN % BCOM 1201 BRICKELL AVE S 650 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE, S. 1720 City MIAMI FL Zip Code 33131	
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 Aslan Palachi ASLAN PALACHI 04-15-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PALACHI, ASLAN 1201 BRICKELL AVE ST 650 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1200 BRICKELL AVE, S. 1720 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DERELI, MEHMET S 2127 BRICKELL AVENUE, AP 2702 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: Aslan Palachi ASLAN PALACHI		04-15-05 305-375-0090 Date Daytime Phone #	