2008 FOR PROFIT CORPORATION ANNUAL REPORT				FILED		
DOCUMENT # V50281 1. Entity Name ROYAL FLORIDA HOLDINGS, INC.				Apr 03, 2008 08:00 Al Secretary of State		
				•.	Steren	
Principal Place of Business 1200 BRICKELL AVE S. 1720 MIAMI, FL 33131 US		Mailing Address % BCOM 1200 BRICKELL AVENUE SUITE 1720 MIAMI, FL 33131 US				
	O NOT WRITE	IN THIS SPA	CE	01212008 No Ch	g-P CR2E034	Applied For
				65-0349715 5. Certificate of Status Do		Not Applicable 8.75 Additional Be Required
	6. Name and Address of Current Re	gistered Agent			- 12	
PALACHI, 1200 BRIC S 1720 MIAMI, FL	CKELL AVE			DO NOT IN THIS		
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.	Signature, typed or printed name of registered agent and	ile il sonicable (MOTE Backter	ed Agent signature required	when (electricity)	DATE	<u> </u>
	Signature, typed or printed name of registered agent and i					
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Fina Trust Fund Contribution. 		00 May Be ed to Fees	0000879427	
10.	OFFICERS AND DIF	ECTORS		هرزد ورسما المحاجب المحاجب	708-80020-0	15,150,00,
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PALACHI, ASLAN 1200 BRICKELL AVE, S 1720 MIAMI, FL 33131 VP					
NAME STREET ADDRESS CITY-ST-ZIP	DERELI, MEHMET S 2127 BRICKELL AVENUE, AP 2702 MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY- ST-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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: UTALACL' HSLAN PALACHI 4/01/08 305-375-0090 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone Pho						