2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000012039

Entity Name: ROYAL DOVES, INC.

Current Principal Place of Business:

410 NW 139ST MIAMI, FL 33168 FILED Sep 07, 2023 Secretary of State 0355024713CC

Date

Current Mailing Address:

POST OFFICE BOX 278831 MIRAMAR, FL 33027 US

FEI Number: 83-1796101 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWAIN-ALLEN, MONICA 410 NW 139TH ST MIAMI, FL 33168 US

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.

SIGNATURE: MONICA SWAIN-ALLEN 09/07/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIR

Name FERDINAND, TIFFINI B DR. Name BARTLETT, PAULETTE

Address P O BOX 278831 Address P O BOX 278831

City-State-Zip: MIRAMAR FL 33027 City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR Title DIR

 Name
 KELLY, SYNDOR
 Name
 DIKE, TOCHI

 Address
 P O BOX 278831
 Address
 P O BOX 278831

 City-State-Zip:
 MIRAMAR FL 33027
 City-State-Zip:
 MIRAMAR FL 33027

Title DIRECTOR Title DIRECTOR

Name SWAIN-ALLEN, MONICA Name JONES, JANICA
Address P O BOX 278831 Address P O BOX 278831

City-State-Zip: MIRAMAR FL 33027 City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR Title DIRECTOR

Name WILSON, JEHAN Name SALMON, CARMEN

Address P O BOX 278831

Address P O BOX 278831

City-State-Zip: MIRAMAR FL 33027-4672 City-State-Zip: MIRAMAR FL 33027

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EURECKA CHRISTOPHER DIRECTOR 09/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name CHRISTOPHER, EURECKA

Address P O BOX 278831

City-State-Zip: MIRAMAR FL 33027