

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012039

Entity Name: ROYAL DOVES, INC.

**FILED**  
**Jul 15, 2022**  
**Secretary of State**  
**3553457834CC**

**Current Principal Place of Business:**

3921 SW 160TH AVE  
APT. 107  
MIRAMAR, FL 33027

**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:**

FERDINAND, TIFFINI DR.  
3921 SW 160TH AVE  
APT. 107  
MIRAMAR, FL 33027 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: TIFFINI B. FERDINAND**

**07/15/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FINANCIAL SECRETARY  
Name FERDINAND, TIFFINI B DR.  
Address 3921 SW 160TH AVE  
APT. 107  
City-State-Zip: MIRAMAR FL 33027

Title DIR  
Name BARTLETT, PAULETTE  
Address 17201 NW 10TH COURT  
City-State-Zip: MIAMI GARDENS FL 33169

Title SECRETARY  
Name FUNG, DARLENE  
Address 9221 PANDORA DR  
City-State-Zip: MIRAMAR FL 33025

Title DIR  
Name WESLEY, SHARON  
Address 23865 SW 117 CT.  
City-State-Zip: HOMESTEAD FL 33032

Title DIRECTOR  
Name SIMMONDS, SHIRLEY  
Address 9072 NW 45TH CT  
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR  
Name CONEY, EBONY DR.  
Address 859 NW 214TH STREET  
104  
City-State-Zip: MIAMI FL 33169

Title PRESIDENT  
Name FERDINAND , TIFFANI  
Address 3921 SW 160TH AVE  
APT. D  
City-State-Zip: MIRAMAR FL 33027-4672

Title VP  
Name ALEXANDER, ANDRICA  
Address 14020 BISCAYNE BLVD  
APT. 1010  
City-State-Zip: NORTH MIAMI BEACH FL 33181

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*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**

**TREASURER**

**07/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           CHRISTOPHER, EURECKA  
Address        10915 MOORE DRIVE  
City-State-Zip: PARKLAND FL 33076