


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P02000027400
1. Entity Name
MICHELANGELO RIVERFRONT RENTAL, INC.



Principal Place of Business Mailing Address
3727 SE 21ST PLACE 1318 LAFAYETTE ST.
CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
03-0425353 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HILL, THOMAS W
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RATHEY, ANGELO
STREET ADDRESS	3727 SE 21ST PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	SD
NAME	RATHEY, MICHAELA
STREET ADDRESS	3727 SE 21ST PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	HILL, THOMAS W
STREET ADDRESS	1318 LAFAYETTE ST.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80035-018 150.00

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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 and empowered.

SIGNATURE: *Thomas W Hill* **Thomas W. Hill** 4-4-07 239-549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #