


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000072070
 1. Entity Name
 RAPA NUI INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 2749 CENTER COURT DRIVE 2749 CENTER COURT DRIVE
 WESTON, FL 33332 WESTON, FL 33332

DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4249245	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FLORES, ARMANDO R
 2749 CENTER COURT DRIVE
 WESTON, FL 33332

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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLORES, ARAMNDO R
STREET ADDRESS:	2749 CENTER COURT DRIVE
CITY - ST - ZIP	WESTON, FL 33332
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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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 change 1, or on an attachment with an address, with all other the empowered.

SIGNATURE:  **03/09/2005** **(954) 591-4204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #