2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# 722805

Entity Name: RAPALLO SOUTH, INC.

Current Principal Place of Business:

1801 S. FLAGLER DR.
W. PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1801 S. FLAGLER DR.
W. PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-1440220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1901 N COMMERCE PKWY
WESTON, FL 33321 US

Name and Address of New Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326 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: _____ 03/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SCHLESINGER, JANET
Address: 1801 S FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete
Name: TIEFF, MICHAEL
Address: 1801 SOUTH FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete
Name: TSIEN, PATRICIA
Address: 1801 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: LYONS, JOSEPH
Address: 1801 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: DALENBERG, DAVID
Address: 1801 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete
Name: WILCOXSON, BILLY
Address: 1801 S. FLAGER DR.
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL TIEFF P 03/17/2009
Electronic Signature of Signing Officer or Director — Date