

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 624547**

1. Entity Name  
**R. P. HOLDING, INC.**



**FILED**

**04 FEB 16 PM 4:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**C/O BROAD AND CASSELL  
7777 GLADES ROAD SUITE 300  
BOCA RATON, FL 33434**

Mailing Address  
**C/O BROAD AND CASSELL  
7777 GLADES ROAD SUITE 300  
BOCA RATON, FL 33434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1933288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DEUTCH, JEFFREY  
7777 GLADES ROAD SUITE 300  
BOCA RATON, FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TVD  
GATTINGER, FRANKLIN J.  
8600 DECARIE BLVD, SUITE 200  
TOWN OF MOUNT ROYAL, QC** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TV  
GATTINGER, FRANKLIN J.  
8600 DECARIE BLVD, SUITE 200  
MOUNT ROYAL, QC, CANADA** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
POMERANTZ, ALICE  
8600 DECARIE BLVD., SUITE 200  
TOWN OF MOUNT ROYAL, QC** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000028960660  
02/18/04--01005--001 \*\*5000.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASD  
ESPOSITO, RAPHAEL JR  
8600 DECARIE #200  
MT ROYAL, QC, CANADA,** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
ESPOSITO, RAPHAEL JR  
8600 DECARIE BLVD, SUITE 200  
MOUNT ROYAL, QC, CANADA** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
POMERANTZ, TERRY JR  
8600 DECARIE #200  
MT ROYAL, QC, CANADA,** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOSD  
POMERANTZ, TERRY  
8600 DECARIE BLVD, SUITE 200  
MOUNT ROYAL, QC, CANADA** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
POMERANTZ, TERRY JR  
8600 DECARIE #200  
MT ROYAL, QC, CANADA,** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 changed, or on an attachment with an address, with or without other like empowered.

**SIGNATURE:**

**R. Esposito**

**04.01.29**

**514-341-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #