


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 689808</b><br>1. Entity Name<br>RESAL, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2900 LUXEDO AVE.<br>WEST PALM BEACH, FL 33405 US | Mailing Address<br>2900 LUXEDO AVE.<br>WEST PALM BEACH, FL 33405 US |
|---|---|



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2048403 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>MILLER, BRUCE<br>614 S.E. ATLANTIC DR.<br>LANTANA, FL 33462 |
|--|

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

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: \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                        |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>MILLER, BRUCE<br>614 S.E. ATLANTIC DR.<br>LANTANA, FL 33462       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VP<br>LEWIS, STEVEN<br>12011 S.W. PINEAPPLE ST.<br>PALM CITY, FL 34990 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |

|   |
|---|
| <p>U000000852384<br/>03/26/08-80026-016 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
|---|

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 empowered.

SIGNATURE: Bruce Miller Bruce C. Miller 03/05/08 561-683-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #