

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90022 023 ***150.00

DOCUMENT # F19620 1. Entity Name RESORT PROPERTIES INTERNATIONAL, INC.			
Principal Place of Business PO BOX 2175 PALM BEACH, FL 33480 US		Mailing Address PO BOX 2175 PALM BEACH, FL 33480 US	
2. Principal Place of Business 1177 CLARE AVE Suite, Apt. #, etc. #2		3. Mailing Address Suite, Apt. #, etc. 	
City & State WEST PALM BEACH		City & State 	
Zip 33401		Country PALM BEACH	
4. FEI Number 59-2077422		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMON, CONRAD ESQ 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTS MILLER, BARRY 205 WORTH AVENUE # 201 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MILLER, BARRY 226 CHILEAN AVENUE PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM H. MICHELLE DICK 1177 CLARE AVE. #2 WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	H. MICHELLE DICK 1177 CLARE AVE. #2 WEST PALM BEACH FL 33401
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Barry Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/14/05 Daytime Phone #: 561-818-7558	