


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G48825</b>	
1. Entity Name RINALDI, INC.	

Principal Place of Business POLO CLUB SHOPPES 5030 CHAMPION BLVD. #D4 BOCA RATON, FL 33496	Mailing Address POLO CLUB SHOPPES 5030 CHAMPION BLVD. #D4 BOCA RATON, FL 33496
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08302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2328887	Applied For 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  PRONESTI, RINO 5030 CHAMPION BLVD BOCA RATON, FL 33496
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**DO NOT WRITE IN THIS SPACE**

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.

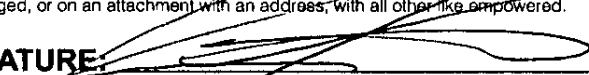
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000773215 09/05/07-80002-004 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRONESTI, RINO 5030 CHAMPION BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PRONESTI, MARGARET 5030 CHAMPION BLVD. BOCA RATON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **30 August 2007 (954) 994-6057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone