2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED ANNUAL REPORT (AR) Apr 19, 2004 8:00 am DOCUMENT # H50777 **Secretary of State** 1. Entity Name 04-19-2004 90276 019 ***150.00 R.W.S., INC. Principal Place of Business Mailing Address 108 SO ANCHORGE 4152 W. BLUE HERON BLVD. NORTH PALM BEACH FL 33408 SUITE 106 AIVIERA BCH, FL 33404 2. Principal Place of Business 3. Mailing Address 050 Jupiter Hark Jame Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2612154 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.=Name and Address of New Registered Agent ---SIMMONS, ROBERT W., JR. Street Address (P.O. Box Number is Not Acceptable) 108 SOUTH ANCHORAGE DRIVE NORTH PALM BEACH FL 33408 6441 River Pointe way City Zip Code Jupiten, Fl. 33478 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. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ппе ☐ Delete Change TITLE SIMMONS, ROBERT W., JR. G441 River Pointe Way Jupiter, Fl. 33478 NAME NAME 108 S ANCHORAGE DR STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 6441 Riven Pointe Way SIMMONS, LAUREN R. NAME NAME STREET ADDRESS 108 S ANCHORAGE DR STREET ADDRESS **©** Jupiten, F1. 33478 CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OLSEN, BLANCHE R. STREET ADDRESS 742 FAIRHAVEN DRIVE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 five 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 rustee employee 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 all other like empowered.

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