FOR PROFIT CORPORATION

FILED May 14, 2002 8:00 am Secretary of State

	E22 KELOKI	(UBR)	Secretar	y of State
DOCUMENT# J 68469			05-14-2002 90-	448 023 ***158.75
RLTFINANCIAL	MANAGEMEN	IT, INC	-	
DO NOT WRITE	IN THIS SI	PACE		Maria de la companya
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc. 446 MARLIN RD	Suite, Apt. #, etc. 446 MARLIN RD		DO NOT WRITE IN THIS SPACE	
City & State N. PALT BCH., FL Zip Country	City & State N, PALT7		4. FEI Number 57-279 4800	Applied For Not Applicable
33408 PAUT BCH.	3340P	PALT BC/+	Certificate of Status Desired Name and Address of Survey A Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name Name POBERT L. TOTARO Street Address (D.O. Roy Number 1)				
IN THIS SPACE Street Address (P.O. Box Number is N Who MAD(14)				
		City	gla BCH, F	L Zio Code
8. The above named entity submits this statement to	the pur <u>pose of changing</u> its r	registered office or regis	stered agent, or both, in the State of Florida.	/
Signature. typed or printed name of registered agent z		Registered Agent signature requ	ired when reinstating) DAT	102
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	AlterMay (Autended MakeGheckRayabi	y (Geolo (†1500) 1 Geolo (5500) 1 De Río (6042) 2 Geolo (5042)	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS			
NAME ROBERT L. TOTAR	ව	NAME .		2/01
CITY-ST-ZIP W. PALM RCH	FL 33/40P	STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
TITLE NAME	,	TITLE È		RZE0
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE		;
STREET ADDRESS CITY- ST-ZIP	<u>.</u>	STREET ADDRESS CITY-ST-ZIP	DO NOT WR	ITE
TITLE - NAME		TITLE	IN THIS SPA	CE
STREET ADDRESS CITY- ST-ZIP		STREET ADDRESS CITY ST-ZIP		
TITLE		TITLE	2	<i>f</i>
STREET ADDRESS CITY ST-7P		NAME STREET ADDRESS CITY-SI-ZIP		
THELE		TITLE I	3"-	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
13. 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 attachment with an address, with all other like empowered.				
SIGNATURE: DHAT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISSUMP PROTE P				