2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2006 90236 028 ***150.00 DOCUMENT # P00000016998 1. Entity Name RPM OF BONITA, INC. UUUUTTUU Principal Place of Business Mailing Address 4288 BEACH RD 4288 BEACH RD **BONITA SPRINGS, FL 34134** BONITA SPRINGS, FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt.*#, etc. Suite, Apt. #, etc. 04252006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3630087 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNOZ, GERARDO 3611 4TH AVE NE Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34120 City Zip Code FL 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE D TITLE ☐ Change ☐ Addition MUNOZ, GERARDO NAME NAME STREET ADDRESS 3611 4 AVE NE STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP NAPLES, FL 34120 TORE TIFLE Delete ☐ Change Addition GARCIA, RODRIGO 1830 WILSON AVE N STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP NAPLES, FL 34117 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME VASQUEZ, MARTIN NAME STREET ADDRESS 18364 ORIOLE RD STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 CITY ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ___ Addition TITLE NAME NAME

12. Thereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

STREET ADDRESS CITY-S1-ZIP

SIGNATURE:

STREET ADDRESS

CITY-SI-ZIP

VAZQUEI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR