2005 FOR PROFIT CORPORATION

Apr 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-18-2005 90301 003 ***150.00 **DOCUMENT # P00000051576** 1. Entity Name R G S INTERNATIONAL CORP. Principal Place of Business Mailing Address 40060848 1330 N 65 WY 1330 N 65 WY HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business 3. Mailing Address 3275 Peace Pipe Drive 3275 Peace Pipe Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Kissimmee, Florida Kissimmee, Florida 65-1011182 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired - 34746 34746 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bellomo, Roberto F. BELLOMO, ROBERTO F Street Address (P.O. Box Number is Not Acceptable) 1330 N 65 WY HOLLYWOOD, FL 33024 3275 Peace Pipe Drive Kissimmee 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 age rinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE PTD ☐ Delete TIΠF X Change ☐ Addition BELLOMO, ROBERTO F Bellomo, Roberto F. NAME NAME 1338 N.65 WAY 3275 Peace Pipe Drive STREET ADDRESS STREET ADDRESS HOKLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, Florida 34746 TITLE Change ☐ Detete TITLE ☐ Addition BELLOMO, SIMONE NAME NAME Bellomo, Simone STREET ADDRESS 1330 N 65 WAY STREET ADDRESS 3275 Peace PiperDrive Kissimmee, Florida 34746 HOLLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete 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-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 3 : 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 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 attact their with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

407-396-9798 Daytime Phone #

FILED