

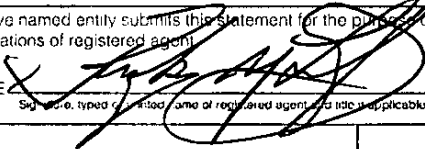
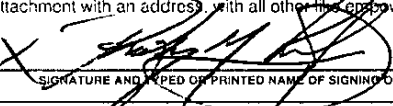


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90035 021 ***150.00

DOCUMENT # P01000027305																													
1. Entity Name RMLOTZE, INC.																													
Principal Place of Business 9610 NW 2ND STREET PEMBROKE PINES, FL 33024			Mailing Address 9720 PINES BLVD PEMBROKE PINES, FL 33024-6228																										
2. Principal Place of Business 19932 S.W. 7th PLACE		3. Mailing Address 19932 S.W. 7th PLACE																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022005 Chg-P CR2E034 (10/03)																									
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL		4. FEI Number 65-1086444																									
Zip 33029		Zip 33029		Applied For <input type="checkbox"/> Not Applicable																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPIEGEL & UTBERA, P.A. 343 ALMERIA AVENUE GORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name RICKY LOTZE Street Address (P.O. Box Number is Not Acceptable) 19932 S.W. 7th PLACE PEMBROKE PINES FL 33029																										
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 			DATE 3/29/05																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOTZE, RICKY M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9610 NW 2ND STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PEMBROKE PINES, FL 33024</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">19932 S.W. 7th PLACE</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PEMBROKE PINES, FL 33029</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	LOTZE, RICKY M		STREET ADDRESS	9610 NW 2ND STREET		CITY- ST- ZIP	PEMBROKE PINES, FL 33024		TITLE	19932 S.W. 7 th PLACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PEMBROKE PINES, FL 33029		STREET ADDRESS			CITY- ST- ZIP		
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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 attachment with an address, with all other lines empowered.																													
SIGNATURE: 																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date _____ Daytime Phone # _____																													