2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM

DOCUMENT # P01000063414 1. Entity Name R P W OF SARASOTA, INC.		Secretary of State
Principal Place of Business Mailing Address 2127 RINGLING ROAD 2127 RINGLING ROAD SUITE 102 SUITE 102 SARASOTA, FL 34237 SARASOTA, FL 3423		
DO NOT WRITE IN THIS S	SPACE	01122005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-1117379 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VENABLE, JOSEPH P 1400 4TH AVE. W. BRADENTON, FL 34205		DO NOT WRITE IN THIS SPACE
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. More 3 Printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Camp		00 May Be ed to Fees
TITLE DPS VENABLE, JOSEPH P STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 TITLE P NAME RIVOLTA, PIERO STREET ADDRESS 2127 RINGLING BLVD., SUITE 102		000000317473 04/20/05-80020-007 150.00
CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE	<u> </u>	· · · ·

12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Piero Rivolta

4/16/05

Date

(941) 954 0355

Daytime Phone ♥