

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90124 001 ***158.75

DOCUMENT # P01000088049					
1. Entity Name RO-ART INVESTMENTS INC.					
Principal Place of Business 384 CAMERON DRIVE WESTON, FL 33326-3512 US			Mailing Address 384 CAMERON DRIVE WESTON, FL 33326-3512 US		
2. Principal Place of Business 7601 EAST TREASURE DR. Suite, Apt. #, etc. # 2024		3. Mailing Address 7601 EAST TREASURE DR. Suite, Apt. #, etc. # 2024			
City & State NORTH BAY VILLAGE, FLA.		City & State NORTH BAY VILLAGE FLA.		4. FEI Number 65-1143598	
Zip 33141		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, ARTHUR J 384 CAMERON DRIVE WESTON, FL 33326-3512				7. Name and Address of New Registered Agent Name <u>SCHULTZ, ARTHUR J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7601 EAST TREASURE DRIVE #2024</u> City <u>NORTH BAY VILLAGE</u> FL 33141	
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 <u>ARTHUR J. SCHULTZ - PRESIDENT</u> <u>4/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing location)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SCHULTZ, ARTHUR J STREET ADDRESS 384 CAMERON DRIVE CITY-ST-ZIP WESTON, FL 333263512	<input checked="" type="checkbox"/> Delete		TITLE P NAME SCHULTZ, ARTHUR J. STREET ADDRESS 7601 EAST TREASURE DRIVE #2024 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SCHULTZ, ROCHELLE STREET ADDRESS 384 CAMERON DRIVE CITY-ST-ZIP WESTON, FL 333263512	<input checked="" type="checkbox"/> Delete		TITLE VP NAME SCHULTZ, ROCHELLE STREET ADDRESS 7601 EAST TREASURE DRIVE #2024 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
SIGNATURE: <u>ARTHUR J. SCHULTZ</u>			Date <u>4/22/05</u> Daytime Phone # <u>(305) 865-7774</u>		