2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2005 8:00 am Secretary of State

DOOLINGHT " DOOGOOOTAAT					02-15-2005 90023 018 ***150.00			
DOCUMENT # P0200007447 1. Entity Name RENALDO VENTURES, INC.					02-13-2003	90023 018 ***1	30.00	
Principal Plac	e of Business	Mailing Address	•					
3725 W GRACE ST 3725 W GRACE ST						500	15534	
150 TAMPA, FL 33607 TAMPA, FL 33607					I RANKA NIBIR BAYNYA BARNI BANK AAN	AN ARAN KERAN KIRIN KIRIN IRIN	1906 II 1081	
	lace of Business	3. Mailing Address						
	RUE BORDEAUX	4612 RUE	BORDEAU	×	. 451:5 HON 65111 55111 45(\$) 56			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02012005	Chg-P	CR2E034 (10/03)-		
City & State	e	City & State		4. FEI Numb	er	Ac	plied For	
LUTZ	, FC	LVTZ. FC		04-360			t Applicable	
Zip 2d.sc	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Add		
<u> </u>	6 Name and Address of Current I	Peristered Agent	<u></u>	7 Name and	Address of New Pani	Fee Require	<u> </u>	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
RENALDO, STUART 19102 AVE BAYONNES LUTZ, FL 33558			Street A	Street Address (P.O. Box Number is Not Acceptable) 4617 RVE BORDERVY				
			City			FL Zip Cod	-0	
A The above	named entity submits this statement for	the numose of changing its re	nistered office or	registered agent, or bo	th, in the State of Florida	- T 755:	and accept	
	ions of registered agent.	the purpose of changing its re	gistored cilice or	registered agent, or bo	III, III III e State of Florida	a. Tarri larrilliai, witri,	and accept	
SIGNATURE_	SI XI	/ GNORT R	ENOLOS		1/5/	'oC	İ	
SIGNATORIE	Signature, typed or printed name of registered agent a		legistered Agent signatu	re required when reinstating)	7 7	DATE		
		- 9Election Campaign	Financina	¢= 00				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			—\$5.00-May.Be Added to Fees				
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11	
TITLE	DP OTHER	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	RENALDO, STUART 19102 AVE BAYONNES		NAME STREET ADDRESS	4611, RUE	PORDEAUX		ŀ	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	46ir Rue LUTZ, FL	~33<58°			
TITLE	1	☐ Delete	TITLE			Change	☐ Addition	
NAME .			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	 .				
TITLE		[7] 0.4-4-				[""] Changa	■ Addition	
NAME		Detete	TITLE			Change		
STREET ADDRESS		L_1 Détete	NAME			[_] Charge	}	
STREET ADDRESS CITY-ST-ZIP		□ Detere				(_) Criange		
•			name Street address			Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition Addition	

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 atturnes, with all other like impowered.

SIGNATURE:

SIGNATURE OID TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

SIGNING DESCER OR DIRECTOR

2/9/05

813-695-3500