FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 050 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000072708

1. Entity Name
R S BOBCAT, INC.

Principal Place of Business	Mailing Address
3671 23RD AVE SOUTH BAY #1 A LAKE WORTH, FL 33461	3671 23RD AVE SOUTH BAY #1 A LAKE WORTH, FL 33461

2. Principal Place of Business	3. Mailing Address
2701 NW 2nd Ave	2701 NW 2nd Ave
Suite, Apt. #, etc. #217	Suite, Apt. #, etc. #217
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country PalmBch	Zip 33431 Country PalmBch

01182005 Chg-P CR2E034 (10/03)

4. FEI Number 61-1418571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHERRER, RAUL F 3671 23RD AVE SOUTH BAY #1A LAKE WORTH, FL 33461	Name Scherrer, Raul F. Street Address (P.O. Box Number is Not Acceptable) 2701 NW Boca Raton Blvd Suite 217 City Boca Raton FL Zip Code 33431.

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 Raul F. Scherrer 1-18-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHERRER, RAUL F 3637 23RD AVE S BAY #1A LAKE WORTH, FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Scherrer, Raul 2701 NW Boca Raton Blvd Ste217 Boca Raton, FL 33431.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: [signature] 1-18-05 561-417-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #