


2005
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVAL
07-11-2005 90198 040 ***450.00
R03000043845

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05 JUL 25 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000043845	
1. Entity Name RED TAPE LICENSING CORPORATION	

DO NOT WRITE IN THIS SPACE

NEW*	NEW*
2. Principal Place of Business 3207 BIRD AVENUE Suite, Apt. #, etc.	3. Mailing Address 3207 BIRD AVENUE Suite, Apt. #, etc.
City & State COCONUT GROVE, FL	City & State COCONUT GROVE, FL
Zip 33133	Country USA

NEW STATEMENT 04-05

DO NOT WRITE IN THIS SPACE	4. FEI Number 05-0565429		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name TERESA O'ROURKE Street Address (P.O. Box Number is Not Acceptable) NEW* 3207 BIRD AVENUE City COCONUT GROVE FL Zip Code 33133		

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 *Teresa O'Rourke* DATE 7/6/05
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reappointing.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TERESA O'ROURKE 3207 BIRD AVENUE COCONUT GROVE, FL 33133	TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa O'Rourke* DATE 7/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ATTACHMENT
LASHBROOK, WOLLARD & FASANO, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA, MBA
Dean R. Lashbrook
Jerry W. Reed, EA

Member of the
Florida Institute of
Certified Public Accountants

20062611

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4481 Stirling Road
Fort Lauderdale, Florida 33314
Telephone: (954) 581-8112
Fax: (954) 581-2554
info@lbroom.com

July 6, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: RED TAPE LICENSING CORPORATION
DOC# P03000043845

To Whom It May Concern:

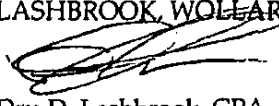
Enclosed is a check in the amount of \$450.00 to cover the annual filing fees of \$150.00 per year for 2003, 2004 and 2005 for the above referenced corporation.

The address that was on record with the State was incorrect due to the fact the officer had moved, therefore any previous notices were not received. The officer of the corporation was unaware of the filing obligations to the State and it wasn't until professional advice was sought that it was discovered the annual reports had not been filed.

Please accept the enclosed check as payment for the past filings and bring this corporation into an active status with the State. Your consideration in this matter is appreciated. If you should have any questions please contact our office. Thank you.

Sincerely,

LASHBROOK, WOLLARD & FASANO, P.A.


Dru D. Lashbrook, CPA
For the firm.

DDL/kd
Enclosures