2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 21, 2004 8:00 am Secretary of State

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	RPRISĖ, INC.							
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Principal Place		Mailing Address			1		···	
7 C STREET S HAINES CITY,		7 C STREET SOUTH HAINES CITY, FL 3384	44	•			•	5406405
·	 							
2. Principal Pl	ace of Eusiness	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07062004	Chg-P	CR2E034 (10	/03)
City & State	•	City & State			4. FEI Numbe	0146410		Applied For Not Applicable
Zip	Country	Zip	Count	try		of Status Desired	□ \$8.75	5 Additional equired
	8. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Agent	
PATEL MA	ADHAVI -			Name				
PATEL, MADHAVI 7 C STREET SOUTH HAINES CITY, FL 33844			Street Address (P.O. Box Number is Not Acceptable)					
	4							
	ę.			City				Code
	named entity submits this statement in ions of registered agent.	for the purpose of changing its	s registere	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar	with, and accept
 SIGNATURE_	; Î	×						
	Signature, typed or printed name of registered ϵ_4 er	es east title if ne oline ble			•••			
	Total case, 45-50 Strate, name as registered et al	1 and the ir applicable. (NO	TE: Hegistered	d Agent signature require	d when reinstating)		DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Con	aign Finan	ncing \$5	i.00 May Be	In accordance v	vith s. 607.193(2	2)(b), F.S., the prior notice.
D:	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Con	aign Finan ntribution.	ncing \$5	i.00 May Be ded to Fees	corporation did	vith s. 607.193(2 not receive the p	orior notice.
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12. Thereby 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: