# 2005 FOR PROFIT CORPORATION

### ANNUAL REPORT DOCUMENT # P03000142768 1. Entity Name

Principal Place of Business

RSOUTO, INC.

237 WHITESAND COURT CASSELBERRY, FL 32707

Mailing Address

237 WHITESAND COURT CASSELBERRY, FL 32707

# **FILED** May 09, 2005 08:00 AM Secretary of State

Daytime Phone #



DO	NOT	WRITE	IN	THIS	SPACE	Ξ
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No Chg-P CR2E034 (10/03) 05042005 Applied For 4. FEI Number Not Applicable 20-0454354 \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SOUTO, REINALDO 237 WHITESAND COURT CASSELBERRY, FL 32707

## DO NOT WRITE IN THIS SPACE

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 Streature, typed or princed acres and title II applicable (NOTE Registered Agent signature required when relindating) DATE									
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Fir Trust Fund Contribution				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIRE	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUTO, REINALDO 237 WHITESAND COURT CASSELBERRY, FL 32707			<del></del>	U00000364761 05/09/05-80008-023 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					33. 33. 33. 33. 33. 33. 33. 33. 33. 33.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby 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.									

SIGNING OFFICER OF DIRECTOR