## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P04000056206 04-18-2005 90572 038 \*\*\*150 00 RONDO CONSULTING, INC. Principal Place of Business Mailing Address Zililəbbaa 9304 SW 77 AVE #C2 9304 SW 77 AVE #C2 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address 2403 N. Cocoa Boulevard 2403 N.Cocoa Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number 20-0876368 Applied For Cocoa, Florida Cócoa, Florida Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32922 32922 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rrian M. Silverio,-Esq. SILVERIO BRIAN M ESQ Street Address (P.O. Box Number is Not Acceptable) STE 2450 COURTHOUSE TOWER 44 W FLAGLER ST 150 West Flagler Street MIAMI, FL 33130 Penthouse 2850 City Miami Zip Code 8. The above named entity submits th atement 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 age 3-14-05 (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE DP □ Delete TITLE Change ☐ Addition NAME RONDINELLI, JOHN P. NAME John P. Rondinelli STREET ADDRESS 9304 SW 77 AVE #C2 STREET ADDRESS 2403 N. Cocoa Boulevard CITY-ST-7IP MIAMI, FL 33156 CITY-ST-ZIP Cocoa, Florida 32922 TITLE ☐ Defete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED