2005 FOR PROFIT CORPORATION

Apr 20, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000058814** 04-20-2005 90317 044 ***150 00 1. Entity Name RILAN, INC. .~~~~<u>~~~</u> Principal Place of Business Mailing Address 11033 BOSTON DR 11033 BOSTON DR COOPER CITY, FL 33026 COOPER CITY, FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) Cho-P 4. FEI Number 37 - 150 - 37882 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEUSTEIN, CHARLES L ESQ Street Address (P.O. Box Number is Not Acceptable) 960 ARTHUR GODFREY RD STE 401 MIAMI BEACH, FL. 33140 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F Change ☐ Addition ☐ Delete ENDER, ILAN NAME NAME STREET ADDRESS 11033 BOSTON DR STREET ADDRESS COOPER CITY, FL 33026 CITY-ST-ZIP CITY+ST-7IP Delete Addition Change TITLE TETLE LOEBL, RICHARD NAME NAME STREET ADDRESS 11018 NASHVILLE DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COOPER CITY, FL 33026 Change Delete **Addition** TITLE TITLE ENDER, JUDY 11033 BOSTON DRIVE COOPERCITY, FL 33026 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition WEEL. NAME NAME 11018 NASHVILLE DRIVE STREET ADDRESS STREET ADDRESS COOPER CITY, FL CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 in the corporation of the corporation of 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 in the corporation of the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the recei changed, or on an attach

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Division of Corporations

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Florida Profit

RILAN, INC.

PRINCIPAL ADDRESS 11033 BOSTON DR -COOPER CITY FL-33026

MAILING ADDRESS 11033 BOSTON DR COOPER CITY FL 33026

P04000058814

FEI Number NONE Date Filed 04/05/2004

State FL Status ACTIVE Effective Date NONE

Registered Agent

Name & Address

NEUSTEIN, CHARLES L ESQ 960 ARTHUR GODFREY RD STE 401 MIAMI BEACH FL 33140

Officer/Director Detail

Name & Address	Title
ENDER, ILAN 11033 BOSTON DR	D
COOPER CITY FL 33026	
LOEBL, RICHARD 11018 NASHVILLE DR	D
COOPER CITY FL 33026	

Annual Reports

Report Year	Filed Date