

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90043 050 ***150.00

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1. Entity Name
RESITRUST, INCORPORATED



Principal Place of Business
120 S. OLIVE AVENUE
SUITE 400
WEST PALM BEACH, FL 33401

Mailing Address
120 S. OLIVE AVENUE
SUITE 400
WEST PALM BEACH, FL 33401

40011343



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3495048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIELY, DAN
120 S. OLIVE AVENUE
SUITE 400
WEST PALM BEACH, FL 33401

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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
PD
KIELY, DAN
120 S. OLIVE AVENUE STE 400
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
KEEFE, ROBERT
120 S. OLIVE AVE STE 400
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BARONE, MARCELO
120 S. OLIVE AVE STE 400
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *x [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08

Date

561 832-3321

Daytime Phone #