2005 FOR PROFIT CORPORATION

FILED Feb 15, 2005 8:00 am Secretary of State 02-15-2005 90023 019 ***150.00

	ANNUAL REPORT	
CLIMENT	# P9300000719 `	

1. Entity Name RENALDO DESIGN COMPANIES, INC.									
Principal Plac 3725 WEST (SUITE 150 TAMPA, FL 3	GRACE STREET	Mailing Address 3725 WEST GRACE STRE SUITE 150 TAMPA, FL 33607 U	EET IS			- 18 18 17 11 18 18 18 18 18 18 18 18 18 18 18 18		15533	
2. Principal Place of Business 46 72 RUE HORDEHUX Suite: Apt. #- etc. Suite: Apt. #- etc.			Во	ROFAUX					
					02012005	Chg-P	CR2E034 (10/03)		
City & Stat	r, KC	City & State LUIC FC			4. FEI Numb 59-315			plied For t Applicable	
^{zio} 335\$	Country	^{zig} 33558	Coun	try	5. Certificate	of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent		Name ,	7. Name and	Address of New Re	gistered Agent		
RENALDO, JAMES'A 3725 WEST GRCE STREET SUITE 150				Street Address (P.O. Box Number is Not Acceptable) 4612 EVE BORDEAUX					
TAMPA, F	L 33607			City /			FL Zip Code	2,0	
8. The above the obligat	named entity submits this statement for ions of registered agant. Statement of registered agant.	STUDIT PENDOS	3 0	ad office or registe		th, in the State of Flor	・ー・・ラント	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			~ +-	i.00 May Be — ded to Fees				
to.	OFFICERS AND D	DIRECTORS Delete	11.	· ·	ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTORS Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	RENALDO, PATRICIA A 3725 WEST GRACE STREET, SU TAMPA, FL 33607		NAME STRE	E ET ADDRESS /-89 -ST-ZIP	TO FL	33<58	IGER RUE BO	_ ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENALDO, JAMES A 3725 WEST GRACE STREET, SU TAMPA, FL 33607	☐ Delete		E Et address 460	IR RUE	BORDEAUX	X Change	Addition	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D RENALDO, DIANA 3725 WET GRACE STREET, SUI TAMPA, FL 33607	Delete		E ET ADDRESS 467	R RUE	30RDEAUX	⊀ ∑î Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D RENALDO, STUART J 3725 WEST GRACE STREET, SU TAMPA, FL 33607	☐ Delete	1	E Et ADDRESS 463 -ST-ZIP LO	IR RUE	33558 40RDENX 33558	∑ Change	Addition –	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		Detete					Change	Addition	
	certify that the information supplied with	this filing does not qualify for t			ection 119.07(3)	i), Florida Statutes. I I	urther certify that the in	formation	

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 my an address, withyall other like empowered.

SNORT RENDUADO SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR