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

## Feb 09, 2005 08:00 AM **Secretary of State** DOCUMENT # P93000022139 1. Entity Name RPT MANAGEMENT, INC. Mailing Address Principal Place of Business 1481 SW 25TH AVE 1481 SW 25TH AVE DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US No Chg-P CR2E034 (10/03) 01052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0395257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLEIER, HENRY DO NOT WRITE 2690 STIRLING RD C-307 IN THIS SPACE FORT LAUDERDALE, FL 33312 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 hame of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U000000221842 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECT 10. TITLE VANDERVEER, LUCIA NAME STREET ADDRESS 1481 SW 25TH AVE DEERFIELD BEACH, FL 33442 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 807. 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> landenen Lucia Vanderveer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9546551631 02-07-05

Daytime Phone #

FILED