2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P94000024383 03-03-2005 90181 010 ***150.00 RONILTON, INC. Principal Place of Business Mailing Address 50022341 2101 W.COMMERCIAL BLVD 2101 W.COMMERCIAL BLVD **SUITE 4100 SUITE 4100** FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 2101 W Commercial Blvd 2101 W Commercial Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01072005 Suite 2800 Suite 2800 City & State 4. FEI Number Applied For City & State Ft Lauderdale, 65-0572836 Not Applicable Ft Lauderdale. Zip Country \$8.75 Additional 5. Certificate of Status Desired 33309 US 33309 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert S. Forman, Esquire ROBERT S. FORMAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd 2101 W.COMMERCIAL BLVD **SUITE 4100** FT.LAUDERDALE, FL 33309 Suite 2800 City Ft Lauderdale Zip Code 33309 e purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this s the obligations of registered agent. SIGNATURE Signature, typed or printed in 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ** OFFICERS AND DIRECTORS 10. PSTD Change Addition PSTD TITLE ☐ Delete TITLE Luciano Cattaneo LUCIANO CATTANEO NAME NAME STREET ADDRESS 2101 W.COMMERCIAL BLVD., #4100 STREET ADDRESS 2101 W Commercial Blvd., #2800 CITY-ST-ZIP FT.LAUDERALE, FL 33309 CITY-ST-ZIP 33309 Ft Lauderdale, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not callify 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 expect 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 Mar 03, 2005 8:00 am