

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000093418

1. Entity Name  
RANGONI PALM BEACH CORPORATION



Principal Place of Business  
224 WORTH AVE 212  
PALM BEACH, FL 33480

Mailing Address  
65 N. RAYMOND AVE  
SUITE 240  
PASADENA, CA 91103-3974 US

**FILED  
Apr 09, 2005 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4510979	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33156-0000

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME RANGONI, NICCOLO  
STREET ADDRESS 10 E 40 STREET  
CITY-ST-ZIP NEW YORK, NY

TITLE CAS  
NAME VAIL, JEFFREY T  
STREET ADDRESS 10 EAST 40 STREET  
CITY-ST-ZIP NEW YORK, NY

TITLE VP  
NAME CRAWFORD, BARTON K  
STREET ADDRESS 7620-A GIRARD AVE.  
CITY-ST-ZIP LA JOLLA, CA

TITLE VPS  
NAME IBARRA, SUSAN  
STREET ADDRESS 7620-A GIRARD AVE.  
CITY-ST-ZIP LA JOLLA, CA

TITLE T  
NAME IBARRA, SUSAN  
STREET ADDRESS 7620-A GIRARD AVE.  
CITY-ST-ZIP LA JOLLA, CA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000296498  
04/09/05-80071-012 150.00

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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 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-4-05 1858-4040014  
Date Daytime Phone #