


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P94000093418 1. Entity Name RANGONI PALM BEACH CORPORATION	
---	---

Principal Place of Business 224-A WORTH AVE 212 1 PALM BEACH, FL 33480	Mailing Address 65 N. RAYMOND AVE SUITE 240 PASADENA, CA 91103-3974 US
--	--



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4510979	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP RANGONI, NICCOLO 10 E 40 STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAS VAIL, JEFFREY T 10 EAST 40 STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, BARTON K 7620-A GIRARD AVE. LA JOLLA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS IBARRA, SUSAN 7620-A GIRARD AVE. LA JOLLA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IBARRA, SUSAN 7620-A GIRARD AVE. LA JOLLA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000296498
04/09/05-80071-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14-4-05 1858-404-0014