

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000093418

1. Entity Name
RANGONI PALM BEACH CORPORATION



Principal Place of Business

**224-A WORTH AVE.
1
PALM BEACH, FL 33480**

Mailing Address

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



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4510979

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 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	

04/29/06-80109-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

13-27-06

Date

1858-404-0043

Daytime Phone #