


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000024265 1. Entity Name EXOTIC RATTAN, INC.	
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Principal Place of Business 10187 NW 87 AVENUE MEDLEY, FL 33178 US	Mailing Address 10187 NW 87 AVENUE MEDLEY, FL 33178 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0577332	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  RUISECO, ROBERT 10187 NW 87TH AVE MIAMI, FL 33187	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>000000173829 01/07/05-80035-004 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST AKESSON, ANNA-KARIN 900 OCEAN DR., #101 JUNO BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUISECO, ROBERT 10425 SW 132 COURT MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Robert Ruiseco ROBERT RUISECO/PRESIDENT 1-5-05 (305) 888-8684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #