2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 040 ***150.00

DOCUMENT # P96000019554

1. Entity Name
R & R BOBCAT OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3671 23RD AVE. SOUTH, BAY #1-A LAKE WORTH, FL 33461-3200	3671 23RD AVE. SOUTH, BAY #1-A LAKE WORTH, FL 33461-3200

2. Principal Place of Business	3. Mailing Address
2701 NW 2nd Ave	2701 NW 2nd Ave
Suite, Apt. #, etc. #217	Suite, Apt. #, etc. #217
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country Palm Bch	Zip 33431 Country Palm Bch

01182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0780151 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHERRER, RAUL 425 N.E. 42ND STREET BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable): 2701 NW 2nd Ave Suite 217. City: Boca Raton FL Zip Code: 33431.

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: Raul Scherrer — 1-18-05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	SCHERRER, RAUL	NAME	Scherrer, Raul
STREET ADDRESS	425 N.E. 42ND STREET	STREET ADDRESS	2701 NW Boca Raton Blvd Ste 217
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	Boca Raton, FL 33431.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	☐ Delete	TITLE	☐ Change ☐ Addition
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	☐ Delete	TITLE	☐ Change ☐ Addition
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 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 an officer like empowered.

SIGNATURE: 1-18-05 561-417-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #