


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90071 002 \*\*\*150.00

<b>DOCUMENT # P97000050332</b> 1. Entity Name <b>RIF REAL INVESTMENT FLORIDA, INC.</b>					
Principal Place of Business <b>713 W. RETTA ESPLANADE PUNTA GORDA, FL 33950</b>			Mailing Address <b>P.O. BOX 511084 PUNTA GORDA, FL 33951-1084</b>		
2. Principal Place of Business <b>318 TAMiami TRAIL</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PUNTA GORDA, FL</b>		City & State			
Zip <b>33950</b>		Country <b>US</b>		4. FEI Number <b>65-0763964</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHULZ, MARTIN 713 W. RETTA ESPLANADE PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHMITZER, HERBERT</b> <b>WEIDENGASSE 52, A-2500 BADEN</b> <b>AUSTRIA,</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHMITZER, INGEBORG</b> <b>WEIDENGASSE 52, A-2500 BADEN</b> <b>AUSTRIA,</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHULZ, MARTIN</b> <b>713 W. RETTA ESPLANADE</b> <b>PUNTA GORDA, FL 33950</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____			1/6/04 941-505-0482		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					