

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90021 028 ***150.00

DOCUMENT # P98000010089 1. Entity Name RAWHIDE RIDERS, INC.					
Principal Place of Business 50 COCOANUT ROW SUITE 220 PALM BEACH, FL 33480			Mailing Address 50 COCOANUT ROW SUITE 220 PALM BEACH, FL 33480		
2. Principal Place of Business 400 Royal Palm Way Suite, Apt. #, etc. Suite 410		3. Mailing Address 400 Royal Palm Way Suite, Apt. #, etc. Suite 410			
City & State Palm Beach, FL		City & State Palm Beach, FL		4. FEI Number 65-0815159	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMPELL, PAUL 50 COCOANUT ROW PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Rampell, Paul Street Address (P.O. Box Number is Not Acceptable) 400 Royal Palm Way Suite 410 City Palm Beach FL Zip Code 33480		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RAMPELL, PAUL 50 COCOANUT ROW PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Rampell, Paul 400 Royal Palm Way, Suite 410 Palm Beach, FL 33480	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			14 Feb 2005 361 933-1116		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		