## **\*2006 FOR PROFIT CORPORATION**

## ANNUAL REPORT **DOCUMENT # P98000010089** RAWHIDE RIDERS, INC. Principal Place of Business Mailing Address 400 ROYAL PALM WAY 400 ROYAL PALM WAY SUITE 410 **SUITE 410** PALM BEACH, FL 33480 PALM BEACH, FL 33480

## **FILED** Jan 09, 2006 08:00 AN **Secretary of State**



## CR2E034 (11/05) 01052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0815159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RAMPELL, PAUL 400 ROYAL PALM WAY, SUITE 410

PALM BEACH, FL 33480			IN THIS SPACE		
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	bove named entity submits this statement for the poligations of registered agent.	ourpose of changing its registered office or regi	stered agent, or both, in the S	tate of Florida. I am familiar with, and accep	
SIGNATI	URE Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signature req	uired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		7. 30. 37. (	
TITLE	DP	•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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10.	OFFICERS AND DIRECTORS	
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		01/10/06-80043-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the Information supplied with this filling 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR