2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000077009



FILED Jul 29, 2004 8:00 am Secretary of State

1. Entity Nam	e				- 1	54 C	28)	07-29-200	04 90013 0	21 ***15	in nn
RALPH A	UTO GRO	UP, INC.						07 25 200	31200130	21 10	.0.00
Principal Place	e of Business		Mailing	Address							
2345 OKEECHOBEE BLVD		-	2345 OKEECHOBEE BLVD								
			WEST PALM BEACH FL 33409				" " " White was the	on the state of th			
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2. Principal P	lace of Busin	ess	3. Maili	ng Address							
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Suite. Apt. #, etc.		Suite, Apt. #, etc.				_MOORE _	CR2E034	(4/04)	-		
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City & State	e	· .	City 8	& State			4. FEI Numb	er 65-086237	7		plied For
		<u></u>						05-060237			t Applicable
Zip		Country	Zip		Coun	try	5. Certificate	e of Status Desired		8.75 Add	
		·								ee Require	d
	6. Name	and Address of Currer	nt Registered	d Agent			7. Name and	d Address of New	Registered A	gent	
		,				Name					}
RAL	PH, DON	ALD E -				Street Addre	ess (P.O. Box Numb	er is Not Acceptab	le)	<u> </u>	-
2501 S. FEDERAL HWY. DELRAY BCH FL 33483		HAL HWY.				Circoi riddic	033 (1 :0: 00x 140iii)	, or 10 110; 7 to option			
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		•				City			FL	Zip Cod	e
	named entity tions of regist	submits this statement ered agent.	for the purpo	ose of changing its r	egistere	ed office or reg	gistered agent, or bo	oth, in the State of F	lorida. I am fa	miliar with,	and accept
OLONIA TUDE		*									
SIGNATURE.	Signature bipad	ц									
	Signature, typeu	or printed name of registered age	nt and title if appli	icable. (NOTE:	Registere	d Agent signature re	equired when reinstating)		DATE		
Sidesian salah d	e overesta de la composición		nt and title if appli					1	DATE		
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indicated on this report or suppliemental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date