2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2005 08:00 AM Secretary of State

239-593-6442

1. Entity Nam RSRL CO	PRPORATION INC.	·			Secr	etary of State
Principal Placi 10295 N TAI NAPLES, FL		Mailing Address 10295 N TAMIAMI TRAIL NAPLES, FL 34108	· · ·			
		-				
DO NOT WRITE IN THIS SPAC			CE	05102005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For		
				59-3556909 Not Applicable 5. Certificate of Status Desired Seguired \$8.75 Additional Fee Required		
	6. Name and Address of Current R		[. 		рев нецигец	
RAMTAHAL, RAMTAHOL, RAWLE 10295 N TAMIAMI TRAIL NAPLES, FL 34104				DO	NOT MD	ITE .
			DO NOT WRITE IN THIS SPACE			
SIGNATURE Signature, typed of printed name of registered agent and title it applicable INCITE Registerett Agent signature required when refinstating) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	In accordance with corporation did not r	s. 607.193(2)(b), F.S., the receive the prior notice.
10. IIILE	ÖFFICERS AND D	RECTORS			· · · · · · · · · · · · · · · · · · ·	-
NAME STREET ADDRESS CITY-ST-ZIP	RAMTAHAL, RAWLE 10295 TAMIAMI TRAIL N NAPLES, EL 34108	· · · · · · · · · · · · · · · · · · ·			(Janaan)	
TITLE NAME STREET ADDRESS	VP RAMTAHAL, SHERRY 7685 TARA CIRCLE		<u></u>		0000003£ 05/13/05-80	6564 1008-025 150.90
CITY-ST-ZIP	NAPLES, FL 34104	. 				
TITLE NAME STREET ADDRESS CATY-ST-ZIP				DO	NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	IN .	THIS SPA	CE
TITLE					. *	
NAME STREET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 of 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.						

M KAWLE RAMTATIAN
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR