

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V38989

1. Entity Name
RED HOOK MANAGEMENT, INC.



FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 018 ***150.00

Principal Place of Business 13844 LE BATEAU ISLE FRENCHMANS CREEK PALM BEACH GARDENS, FL 33410 US	Mailing Address 1 RICHMOND SQUARE SUITE #100C PROVIDENCE, RI 02906 US
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2. Principal Place of Business	3. Mailing Address
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01092004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0334448	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHEIN, HAROLD I
FRENCHMANS CREEK
13844 LE BATEAU ISLE
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEIN, HAROLD 1 RICHMOND SQUARE PROVIDENCE, RI 02906 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT SCHEIN, PHILIP 1 RICHMOND SQ PROVIDENCE, RI 02906 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHEIN, MICHAEL 1 RICHMOND SQ PROVIDENCE, RI 02906 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEIN-FONTAINE, LESLIE 1 RICHMOND SQ PROVIDENCE, RI 02906 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP SCHEIN 1 RICHMOND SQ PROVIDENCE, RI 02906 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE SCHEIN-FONTAINE 1 RICHMOND SQUARE PROVIDENCE, RI 02906 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13844 LeBateau Isle, Frenchman's Creek Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Richmond Square, Suite #100C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Richmond Square, Suite #100C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Richmond Square, Suite #100C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Richmond Square, Suite #100C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Richmond Square, Suite #100C

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: **Harold I. Schein** **1/14/04** **(401) 521-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #