

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 234343					
1. Entity Name R. P. M. DIESEL ENGINE CO.					
Principal Place of Business 2555 STATE RD. 84 FT. LAUDERDALE FL 33312			Mailing Address 2555 STATE RD. 84 FT. LAUDERDALE FL 33312		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0938696	
				Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS & VALANCY, P.A. 311 SE 13TH ST. FT LAUDERDALE FL 33316				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, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 2 Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	☐ Delete	TITLE		
NAME	MULLIGAN, MARIE T		NAME		
STREET ADDRESS	2555 ST RD 84		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		
NAME	RUBANO, JOSEPH J		NAME		
STREET ADDRESS	2555 ST RD 84		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		
NAME	SCALA, ROSARIO L		NAME		
STREET ADDRESS	2555 ST RD 84		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		
NAME	MAC DONALD, BRYON M		NAME		
STREET ADDRESS	2555 ST RD 84		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, 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:

Rosario L. Scala **ROSARIO L. SCALA**

4/7/06 **954-587-1620**