


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 433379 1. Entity Name THE COMPANIES OF R & S, INC.	
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Principal Place of Business 8715 S.W. 129 TERRACE MIAMI, FL 33167 US	Mailing Address 8715 S.W. 129 TERRACE MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1496697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, JOHN T.
 8715 S.W. 129 TERRACE
 MIAMI, FL 33176

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


U00000039389
 02/09/04-80002-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOWNEY, JOHN T 8915 SW 129 TERRACE MIAMI, FL 33176
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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:  **J T DOWNEY** *2/7/04* Phone#305-256-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #