

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90543 013 ***150.00

DOCUMENT # K58839

1. Entity Name
R.M.D.S. SERVICES, INC.



Principal Place of Business

C/O SHAROOZ BANAPOOR, P O BOX 372337
P. O. BOX 372337
SATELLITE BEACH, FL 32937

Mailing Address

C/O SHAROOZ BANAPOOR, P O BOX 372337
P. O. BOX 372337
SATELLITE BEACH, FL 32937

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2929889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANAPOOR, SHAHROOZ
600 1ST AVE
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BANAPOOR, SHAHROOZ
STREET ADDRESS	3660 TURTLE MOUND ROAD
CITY-ST-ZIP	MELBOURNE, FL
TITLE	D
NAME	BANAPOOR, SHAHRAM
STREET ADDRESS	3755 TRANQUILITY DR
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAHROOZ BANAPOOR

Date

Daytime Phone #

4/23/04 (321) - 777-7528