

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90010 029 ***150.00

DOCUMENT # P03000029086

1. Entity Name
R.P.S. CONTRACTING, INC.



Principal Place of Business
8852 S.W. 95TH AVE.
MIAMI, FL 33176

Mailing Address
8852 S.W. 95TH AVE.
MIAMI, FL 33176

50062513



2. Principal Place of Business

6525 N.W. 12, CT.

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

33147

Country

DADE

3. Mailing Address

6525 N.W. 12, CT.

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

33147

Country

DADE

07252005

Chg-P

CR2E034 (10/03)

4. FEI Number

27-0050645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DOWNS, RANDY
8852 S.W. 95TH AVE.
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name RANDY D DOWNS

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

6525 N.W. 12, CT

City MIAMI

FL

Zip Code

33147

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-17-05

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME DOWNS, RANDY D
STREET ADDRESS 8852 S.W. 95TH AVE.
CITY-ST-ZIP MIAMI, FL 33176

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DOWNS RANDY D
NAME DOWNS RANDY D
STREET ADDRESS 6525 N.W. 12, CT
CITY-ST-ZIP MIAMI, FL 33147

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08-17-05

Daytime Phone #