


ATTACHMENT

1 of 2

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000029086			
1. Entity Name R.P.S. CONTRACTING, INC.			
Principal Place of Business 2841 S.W. 152 CT. MIAMI, FL 33185 US		Mailing Address 2063 SW 195 AVE MIRAMAR, FL 33029 US	
2. Principal Place of Business - No P.O. Box # 6525 N.W. 12, CT.		3. Mailing Address 6525 N.W. 12, CT.	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State MIA, FL		City & State MIA, FL	
Zip 33147		Zip 33147	
Country DADE		Country DADE	
4. FEI Number 27-0050645		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		09082008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DOWNS, RANDY D 2841 S.W. 152 CT. MIAMI, FL 33185		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: MIA, 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: RANDY D. DOWNS Date: 9-8-2008 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOWNS, RANDY D 2841 SW 152 CT MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANDY D. DOWNS 6525 N.W. 12, CT. MIA, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DOWNS, EDWARD J 2063 SW 195 AVE MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700135963027 09/16/08--01019--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: RANDY D. DOWNS		Date: 9-8-2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

FILED

08 SEP 11 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

9-8-2008

DEAR, Sir - MADAM
 (OLD ^{ALSO} BUSINESS ADDRESSES WERE FORECLOSED)
 I CALLED the Dept,

AND EXPLAINED I NEVER
 RECEIVED ANNUAL Reports
 Form & (2 weeks AGO) WAS NOT PRESENT
 IN Hospital & Out. -

THE EXAMINER TOLD ME
 THEY WOULD GIVE ME MORE
 FILING TIME AND I WOULD
 HAVE TO PAY \$150.00
 THE OTHER CHARGES WERE
 WAIVED. Sincerely

Randy Loun
 President