


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # P03000058529
 1. Entity Name
RS MARINE INVESTMENTS CORP.



Principal Place of Business Mailing Address
550 BILTMORE WAY., SUITE 1110 **550 BILTMORE WAY., SUITE 1110**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
05-0571572 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROSA ECKSTEIN SCHECHTER, ESQ.
550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STERN, RODOLFO 550 BILTMORE WAY., SUITE 1110 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, TANIA 550 BILTMORE WAY, #1110 CORAL GABLES, FL 33134
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 05/06/05--01005--021 **150.00

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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: _____ **Rodolfo Stern** **4/15/05** **(305) 461-2440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #