

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000138540

**FILED  
Mar 14, 2005  
Secretary of State**

**Entity Name:** RS ALL CONSTRUCTION CORP

**Current Principal Place of Business:**

5554 METROWEST BLVD  
209  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

5554 METROWEST BLVD  
209  
ORLANDO, FL 32811 US

**New Mailing Address:**

**FEI Number:** 20-0423846      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAS SILVA, RENNAN G  
5554 METROWEST BLVD  
209  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DIAS SILVA, RENNAN G  
Address: 5554 METROWEST BLVD # 209  
City-St-Zip: ORLANDO, FL 32811 US

Title: DVP ( ) Delete  
Name: DIAS SILVA, MAIRE RUTH A  
Address: 5554 METROWEST BLVD # 209  
City-St-Zip: ORLANDO, FL 32811 US

Title: DS ( ) Delete  
Name: SILVA, SOLON U  
Address: 5554 METROWEST BLVD APT 209  
City-St-Zip: ORLANDO, FL 32811 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOLON SILVA

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date