2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052765

1. Entity Name
RCS & COMPANY INC.

FILED
06 MAR 13 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
505 LA GRAVE AVE SE GRAND RAPIDS, MI 49503	505 LA GRAVE AVE SE GRAND RAPIDS, MI 49503

03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
212C nE 6th Street	212C nE 6th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral Fl	City & State: Cape Coral Fl
Zip: 33909 Country: Lee	Zip: 33909 Country: Lee

4. FEI Number: 04 381 1807 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CATA, RAFAEL
1880 RAYMOND DIEHL RD
TALLAHASSEE, FL

7. Name and Address of New Registered Agent

Name: Cata Rafael
Street Address (P.O. Box Number is Not Acceptable): 212C nE 6th Street
City: Cape Coral FL Zip Code: 33909

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] 3.13.06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P CATA, RAFAEL 505 LA GRAVE AVE SE GRAND RAPIDS, MI 49503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/13/06--01016--004 **200.00	☐ Change ☐ Addition
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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: [signature] Rafael Cata 3.13.06 239 574 1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #