

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029250

FILED
Mar 23, 2007
Secretary of State

Entity Name: R.POWERS SERVICES CORP.

Current Principal Place of Business:

15575 SW 58TH STREET
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

15575 SW 58TH STREET
MIAMI, FL 33193

New Mailing Address:

FEI Number: 56-2327366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWERS, RICHARD A
15575 SW 58TH STREET
MIAMI, FL 33193 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: P () Delete
Name: POWERS, RICHARD A
Address: 15575 SW 58TH STREET
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: POWERS, LAURA
Address: 15575 SW 58TH STREET
City-St-Zip: MIAMI, FL 33193

Title: DT () Delete
Name: RODRIGUEZ, GLORIA E
Address: 15575 SW 58 STREET
City-St-Zip: MIAMI, FL 33193

Title: DS (X) Delete
Name: NAVARRETE, IGNACIO
Address: 15575 SW 58 STREET
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: NAVARRETE, IGNACIO
Address: 15575 SW 58 ST
City-St-Zip: MIAMI, FL 33193

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 Chapter 119, 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: LAURA POWERS

VP

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date