

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000060504

**Entity Name:** RP MASTERCHIPS CORP.

**Current Principal Place of Business:**

4510 NW 79 AVE  
2B  
DORAL, FL 33166

**Current Mailing Address:**

4510 NW 79 AVE  
2B  
DORAL, FL 33166 US

**FEI Number:** 45-2666103

**Certificate of Status Desired:** No

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

PONCE DE LEON, RAFAEL ASR  
4510 NW 79 AVE  
2B  
DORAL, FL 33166 US

*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

**Officer/Director Detail :**

Title P  
Name PONCE DELEON, RAFAEL ASR  
Address 4510 NW 79 AVE  
2B  
City-State-Zip: DORAL FL 33166

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAFAEL PONCE DE LEON

P

03/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date