

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 401622</b> 1. Entity Name R.S. LORDS, INC			
Principal Place of Business 5251 N. POWERLINE RD FT. LAUDERDALE, FL 33309 US		Mailing Address 5251 POWERLINE RD FT. LAUDERDALE, FL 33309 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number 59-1414769	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			
SAMUEL, RAYMOND A. 5251 N POWERLINE RD. FT. LAUDERDALE, FL 33309		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		U000000091578 03/18/04-80015-009 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	SPD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	SAMUEL, RAYMOND A		
STREET ADDRESS	5251 N. POWERLINE RD		
CITY - ST - ZIP	FT. LAUDERDALE, FL		
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3-15-04 954-491-3611	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	