

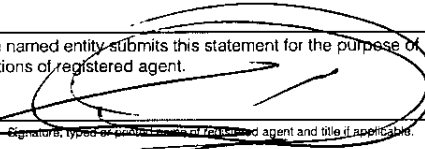
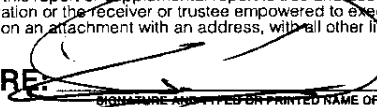


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90029 020 ***150.00

DOCUMENT # 514939 1. Entity Name R.P.A. CONSTRUCTION CORPORATION					
Principal Place of Business 2338 IMMOKALEE REAF #154 NAPLES, FL 34110 US			Mailing Address 901 PONCE DE LEON BLVD SUITE 606 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 1827 TRADE CENTER WAY Suite, Apt. #, etc. SUITE 3 City & State NAPLES, FL Zip 34109 Country USA		3. Mailing Address 1827 TRADE CENTER WAY Suite, Apt. #, etc. SUITE 3 City & State NAPLES, FL Zip 34109 Country USA		<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">94029831</div> 	
4. FEI Number 01092004 Chg-P CR2E034 (10/03) 59-1769074				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent A DE LOS REYES, GEORGE 3906 MIDSHORE DR NAPLES, FL 34109	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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  DATE 3/16/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD A DE LOS REYES, GEORGE 3906 MIDSHORE DR NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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  DATE 3/16/04 DAYTIME PHONE # 239/594-9006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			