

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H47779 1. Entity Name R. P. L., INC.					
Principal Place of Business 1877 SW 6 STREET MIAMI FL 33135 US			Mailing Address 1604 SW 140 AVE MIAMI FL 33175 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARADO, PABLO 1604 SW 140 AVE MIAMI FL 33175				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 _____ Signature required prior to 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 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May C Trust Fund Contribution ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ALVARADO, RENE 1877 S.W. 6TH ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1100000420488 02/15/06-80059-004 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ALVARADO, MARIA LUISA 1877 S.W. 6TH ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ALVARADO, PABLO 1877 S.W. 6TH ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>PABLO ALVARADO</u> 1/31/06 986-280-99. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					