


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90028 047 ***150.00

DOCUMENT # H94712 1. Entity Name R.E.S. CAPITAL ENTERPRISES, INC.			
Principal Place of Business 5250 NORTH KENDALL DR, CORAL GABLES, FL 33156-2124 US		Mailing Address 5250 NORTH KENDALL DR, CORAL GABLES, FL 33156-2124 US	
2. Principal Place of Business - No P.O. Box # 8289 SW 173 TERR.		3. Mailing Address 8289 SW 173 TERR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL	
Zip 33157		Zip 33157	
Country USA		Country USA	
4. FEI Number 59-2630310		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 SCHUR, ROBERT E. 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 33156-2124		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8289 SW 173 TERRACE City Palmetto Bay FL Zip Code 33157	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD SCHUR, ROBERT E. 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 331562124	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUR, CATHERINE 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 331562124	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Robert Schur</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/12/08</u> (305) 971-6810 <small>Daytime Phone #</small>	