

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90223 004 \*\*\*150.00

**DOCUMENT # K58839**

1. Entity Name  
R.M.D.S. SERVICES, INC.



Principal Place of Business  
C/O SHAROOZ BANAPOOR, P O BOX 372337  
P. O. BOX 372337  
SATELLITE BEACH, FL 32937

Mailing Address  
C/O SHAROOZ BANAPOOR, P O BOX 372337  
P. O. BOX 372337  
SATELLITE BEACH, FL 32937

**40084023**



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2929889

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BANAPOOR, SHAHROOZ  
600 1ST AVE  
SATELLITE BEACH, FL 32937

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BANAPOOR, SHAHROOZ  
STREET ADDRESS 3660 TURTLE MOUND ROAD  
CITY-ST-ZIP MELBOURNE, FL

TITLE D  
NAME BANAPOOR, SHAHROOZ  
STREET ADDRESS 3755 TRANQUILITY DR  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Shahrooz Banapoor* **SHAHROOZ BANAPOOR** 4/1/06 321-777-7528 X14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #