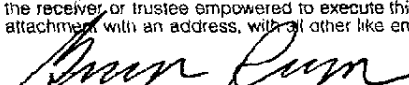


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L22739 1. Entity Name R.A. PROFESSIONAL SERVICES, INC.					
Principal Place of Business 2828 CORAL WAY SUITE 300 MIAMI FL 33145			Mailing Address 2828 CORAL WAY SUITE 300 MIAMI FL 33145		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0147759				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, GEORGIA 2828 CORAL WAY SUITE 300 MIAMI FL 33145				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 _____ (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 Trust Fund Contribution. ☐ \$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	D REYES, GEORGIA 2828 CORAL WAY - SUITE 300 MIAMI FL 33145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REYES, GEORGIA 2828 CORAL WAY - SUITE 300 MIAMI FL 33145	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REYES, GEORGIA 2828 CORAL WAY - SUITE 300 MIAMI FL 33145	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REYES, GEORGIA 2828 CORAL WAY - SUITE 300 MIAMI FL 33145	☐ Change ☐ Add			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REYES, GEORGIA 2828 CORAL WAY - SUITE 300 MIAMI FL 33145	☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____					
Date 4-6-06 Daytime Phone # 305-443-9695					