2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L25705 **DOCUMENT #** 1. Entity Name RS INVESTIGATION & PROTECTION BUREAU, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90333 007 ***158.75

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.						
US 2. Principal Place of Business Suite, Apr. #, etc. Suite, Apr. #, etc. City & State City & St	8306 MILLS DRIVE		8306 MILLS DRIVE			
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SANTANA, REYNALDO G. SOM MILLS DRIVE ### STIEF ANDRESS Country S. Certificate of Status Desired S. St. 75 Additional For Applicable For Applic	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Strock Address (P.O. Box Number is Not Acceptable) Strock Address (P.O. Box Num	City & State		City & State			
S. Name and Address of Current Registered Agent SANTANA, REYNALDO G. 3306 MILLS DRIVE #267 MAMI FL 33183 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Signature of political and a statement for the purpose of changing its registered open, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNA	Zip	Country	Zip .	Country		
SANTANA, REYNALDO G. 8306 MILLS DRIVE #287 MAMI FL 33183 City FL Zip Code 8. The above named entity submits the 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 Speed of circles change agent		6. Name and Address of Current	Registered Agent			\dashv
Sireet Address (M.O. Box Number's Not Acceptable) Street Address (M.O. Box Number's Not Acceptable)				Name		
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	1	ertify that the information supplied with	this filing does not qualify		p Section 110 07/3/(i) Florida Statutos J further contife 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. 305

SIGNATURE: