


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L89290 1. Entity Name RSVP ANTIQUES, INC.	
------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business P O BOX 613 BOYNTON BEACH, FL 33425	Mailing Address P O BOX 613 BOYNTON BEACH, FL 33425
-----------------------------------------------------------------------	-----------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0205794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMOLLEN, RIMA  
45 DOUGLAS DRIVE  
OCEAN RIDGE, FL 33435

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	4000000415322 02/11/06-80076-008 150.00
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOLLEN, PAUL A 45 DOUGLAS DR OCEAN RIDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOLLEN, RIMA 45 DOUGLAS DR OCEAN RIDGE, FL
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: Paul Smollen 1/21/06 561 704 3150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 561 218 3012