


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90013 033 \*\*\*150.00

<b>DOCUMENT # L89290</b>		
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



2. Principal Place of Business - No P.O. Box # <b>7800 CORAL ST</b>	3. Mailing Address
Suite, Apt. #, etc. <b>HYPOLOUXO STORAGE</b>	Suite, Apt. #, etc.
City & State <b># 527 LAKEWORTH FL</b>	City & State
Zip <b>33460</b> Country <b>PALEMBCH</b>	Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0205794</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SMOLLEN, RIMA 45 DOUGLAS DRIVE OCEAN RIDGE FL 33435</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST - ZIP	D SMOLLEN, PAUL A 45 DOUGLAS DR OCEAN RIDGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	D SMOLLEN, RIMA 45 DOUGLAS DR OCEAN RIDGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST - ZIP	<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 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:** Paul A Smollen **1/30/07** **561 704 3150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #