2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008141

FILED Feb 04, 2009 Secretary of State

Entity Name: RESEARCH AND SERVICE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3800 NW 132ND STREET 760 EAST 39TH STREET OPA-LOCKA, FL 33054 HIALEAH, FL 33013 **Current Mailing Address: New Mailing Address:** 760 EAST 39TH STREET 3800 NW 132ND STREET HIALEAH, FL 33013 OPA-LOCKA, FL 33054 FEI Number: 04-3730573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUHLIG, ROLANDO J DR MUHLIG, ROLANDO J DR. 3800 NW 132ND STREET 760 EAST 39TH STREET OPA-LOCKA, FL 33054 HIALEAH, FL 33013 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. SIGNATURE: ROLANDO MUHLIG 02/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition BERG, JOSEPH Name: Name: 3800 N.W. 132 ST. Address: Address: City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip: Title: VICE Title: () Delete () Change () Addition GARCIA, RAUL Name: Name: Address: 3800 NW 132ND STREET Address: City-St-Zip: OPALOCKA, FL 33054 City-St-Zip: Title: TREA () Delete Title: () Change () Addition GRANADOS, EFRAIN Name: Name: Address: 3800 NW 132ND STREET Address: City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip: Title: VICE () Delete Title: () Change () Addition Name: ACOSTA, JOSE D DR Name: Address: 2355 S.W. 27TH ST. Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: SECR () Delete Title: () Change () Addition LAMAS, MARIA Name: Name: 3800 N.W, 132 ST. Address: Address: City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLANDO MUHLIG RA 02/04/2009