

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000089927

1. Entity Name  
R & S FLORES, INC



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB -3 PM 2:23

Principal Place of Business

361 SW 67 AVE  
MARGATE, FL 33068

Mailing Address

361 SW 67 AVE  
MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE



0708200

REINSTATEMENT

(11/05)

KS  
08-09

4. FEI Number  
65-1042657

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORES, RODRIGO  
361 SW 67 AVE  
MARGATE, FL 33068

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: Rodrigo Flores

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000142726450  
02/03/09--01020--013 \*\*\$350.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FLORES, RODRIGO  
361 SW 67 AVE  
MARGATE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700137613857  
11/04/08--01025--007 \*\*\$550.00

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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: Rodrigo Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-08 954-270-2589

Date

Daytime Phone #