

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 017 ***150.00

DOCUMENT # P00000107706	
1. Entity Name	
RPF INSURANCE & INVESTMENT INC	

DO NOT WRITE IN THIS SPACE

40084884

2. Principal Place of Business 50 OCEAN LANE DRIVE Suite, Apt. #, etc. 105		3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206	
City & State KEY BISCAVNE, FL		City & State MIAMI, F	
Zip 33149	Country US	Zip 33144	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1056311		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RAUL POZO	
Street Address (P.O. Box Number is Not Acceptable) 50 OCEAN LANE DRIVE, SUITE 105	
City KEY BISCAVNE	FL Zip Code 33149

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAUL POZO 50 OCEAN LANE DRIVE, #105 KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

RAUL POZO

4/17/2007

38-951-8627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #