## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Sep 07, 2006 08:00 AN Secretary of State DOCUMENT # P01000018167 1. Entity Name RSG FABRICATION, INC. Principal Place of Business Mailing Address 2115 SW 57TH AVENUE 35 THOMAS RD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 65-1099462 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUMAN, JEROME A 7119 W. BROWARD BLVD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition THLE TITLE ☐ Delete U00000576340 GOODYEAR, REBECCA NAME NAME 09/07/06-80001-014 150.00 35 THOMAS ROAD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-SI-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PERLMAN, RICHARD NAME 656 NW 164TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33028 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition IIII F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Oelete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP

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 frustee 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

9/1/06 954-983-7832