

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90207 036 \*\*\*150.00

**DOCUMENT # P01000018880**

1. Entity Name  
R.P.S. HOLDING CORP.



Principal Place of Business  
6549 SPRING BOTTOM WAY, #232  
BOCA RATON, FL 33433

Mailing Address  
6549 SPRING BOTTOM WAY  
232  
BOCA RATON, FL 33433

**44044015**



2. Principal Place of Business  
160 Cocoplum Lane

3. Mailing Address  
160 Cocoplum Lane

Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State  
Royal Palm Beach, FL

Country  
U.S.A.

Zip  
33411

4. FEI Number  
65-1071953

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, ALVARO  
6549 SPRING BOTTOM WAY #232  
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name  
Reyes, Alvaro

Street Address (P.O. Box Number is Not Acceptable)  
160 Cocoplum Lane

City  
Royal Palm Beach FL

Zip Code  
33411

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 Alvaro Reyes DATE 3/10/04

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ALVARO 6549 SPRING BOTTOM WAY, #232 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Reyes, Alvaro 160 Cocoplum Lane Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYES, GLORIA 6549 SPRING BOTTOM WAY, #232 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Reyes, Gloria 160 Cocoplum Lane Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, JULIO 6549 SPRING BOTTOM WAY, #232 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Reyes, Julio 160 Cocoplum Lane Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYES, MARIA T 6549 SPRING BOTTOM WAY, #232 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Reyes, Maria T. 160 Cocoplum Lane Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATERMINA, ROGER 6549 SPRING BOTTOM WAY, #232 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Patermina Roger 160 Cocoplum Lane Royal Palm Beach, FL 33411 <input checked="" 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alvaro Reyes DATE 3/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR