
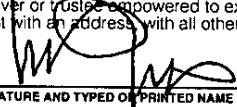


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90201 036 ***150.00

DOCUMENT # P01000018880 1. Entity Name R.P.S. HOLDING CORP.					
Principal Place of Business 160 COCOPLUM LANE ROYAL PALM BEACH, FL 33411			Mailing Address 160 COCOPLUM LANE ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1071953	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REYES, ALVARO 160 COCOPLUM LANE ROYAL PALM BEACH, FL 33411				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD REYES, ALVARO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	160 COCOPLUM LANE		NAME		
STREET ADDRESS	ROYAL PALM BEACH, FL 33411		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD REYES, GLORIA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	160 COCOPLUM LANE		NAME		
STREET ADDRESS	ROYAL PALM BEACH, FL 33411		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD REYES, JULIO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	160 COCOPLUM LANE		NAME		
STREET ADDRESS	ROYAL PALM BEACH, FL 33411		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD REYES, MARIA T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	160 COCOPLUM LANE		NAME		
STREET ADDRESS	ROYAL PALM BEACH, FL 33411		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD PATERMINA, ROGER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	160 COCOPLUM LANE		NAME		
STREET ADDRESS	ROYAL PALM BEACH, FL 33411		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			May 1, 2005 1-561-305-1605		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		