

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 039 ***150.00

DOCUMENT # P01000036894

1. Entity Name
RCH FINANCIAL SERVICES, INC.



Principal Place of Business
**ONE SOUTHEAST THIRD AVENUE TENTH FLOOR
MIAMI, FL 33131**

Mailing Address
**ONE SOUTHEAST THIRD AVENUE TENTH FLOOR
MIAMI, FL 33131**

4/3/07



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1103152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARC K. POWERS CPA
ONE SOUTHEAST 3RD. AVENUE 10TH FLOOR
MIAMI, FL 33131**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GROSS, GARY R
ONE SOUTHEAST THIRD AVENUE TENTH FLOOR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RCH Financial - 2930

Dep't #	\$ Amount	Acct. #
2000	150.00	5300-000
TITLE		6310
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Asset <input type="checkbox"/>

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Firm Approval

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Date

3/30/07

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

Date

305-377-4228

Daytime Phone *