


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90030 033 ***150.00

DOCUMENT # P01000072789

1. Entity Name
RC SIGNS, INC.



Principal Place of Business Mailing Address

16814 S.W. 143 PL **16814 S.W. 143 PL**
Miami, FL 33177 **Miami, FL 33177**

40057942

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

(P01000072789P)

City & State City & State

Zip Country Zip Country

04102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

CARRION, CESAR
16814 SW 143 PL
MIAMI, FL 33177

4. FEI Number Applied For

65-1123569 **Not Applicable**

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

7. Name and Address of New Registered Agent

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 *Cesar Carrion* DATE **4/10/07**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-instating!

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		11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRION, CESAR 16814 SW 143 PL MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Cesar Carrion* DATE: **4/10/07** DAYTIME PHONE #: **(305) 551-6939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR