2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 15, 2005 8:00 am
Secretary of State
02-11-2005 90025 007 ***150.00

DOCUMENT # P01000118023

1. Entity Name
RC'S MANAGEMENT & CONSULTING, INC.

Principal Place of Business	Mailing Address
1200 WESTON RD PENTHOUSE WESTON, FL 33326	1200 WESTON RD PENTHOUSE WESTON, FL 33326

66005533

02072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14201 Stirling Road	14201 Stirling Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Southwest Ranches, FL	City & State: Southwest Ranches, FL
Zip: 33330 Country: USA	Zip: 33330 Country:

4. FEI Number 80-0002800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LEGAL INFORMATION SERVICES, INC. Robert S. Castellano
1290 WESTON RD STE 300
FT LAUDERDALE, FL 33331

7. Name and Address of New Registered Agent
Name: RC's Management + Consulting, Inc.
Street Address (P.O. Box Number is Not Acceptable): 14201 Stirling Road
City: Southwest Ranches FL Zip Code: 33330

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) 2/8/05 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	D CASTELLANO, BOBBY 1200 WESTON RD PENTHOUSE WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/8/05 Date 954 214.4733 Daytime Phone #