


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90025 019 \*\*\*150.00

**DOCUMENT # P02000040037**

1. Entity Name  
**R M GENERAL SERVICES CORP.**



Principal Place of Business      Mailing Address  
**545 NW 129 ST**      **545 NW 129 ST**  
**MIAMI FL 33168**      **MIAMI FL 33168**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
**2613 NW 20th St**      **2613 NW 20th St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI FL**      **MIAMI-FL**

4. FEI Number      Applied For  
**04-3644357**      Not Applicable

Zip      Country      Zip      Country  
**33142**      **USA**      **33142**      **USA**

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**RODRIGUEZ, FRANCISCO A**  
**545 NW 129 ST**  
**MIAMI FL 33168**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, FRANCISCO A</b>	NAME	
STREET ADDRESS	<b>545 NW 129 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, ENELSIDA</b>	NAME	
STREET ADDRESS	<b>545 NW 129 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	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	
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	
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: *Francisco A. Rodriguez*      **Francisco A. Rodriguez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/14/05**      Daytime Phone #: **305-633-0025 / 305-687-0951**