

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 042 ***150.00

DOCUMENT # P02000040037

1. Entity Name

R M GENERAL SERVICES CORP.



Principal Place of Business

2613 NW 20TH ST
 MIAMI FL 33142

Mailing Address

2613 NW 20TH ST
 MIAMI FL 33142



2. Principal Place of Business

MIAMI
~~2633 NW 20th St~~ *205T. FL 33142*

3. Mailing Address

FL 33142
~~2633 NW 20th St~~ *MIRMI*

Suite, Apt. #, etc.

2633

Suite, Apt. #, etc.

2633

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

04-3644357

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

1st MOORE

CR2E034 (10/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANCISCO A
 545 NW 129 ST
 MIAMI FL 33168

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

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, 2006 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, FRANCISCO A	
STREET ADDRESS	545 NW 129 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ENELSIDA	
STREET ADDRESS	545 NW 129 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ FERNANDO J.	
STREET ADDRESS	545 NW 129 ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ RODRIGUEZ, PATRICIA K.	
STREET ADDRESS	545 NW 129 ST, MIAMI, FL 33168	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

305
C/P- 305-633 0095