



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P02000040037 1. Entity Name R M GENERAL SERVICES CORP.	
---	---

Principal Place of Business 2633 NW 20TH ST MIAMI, FL 33142	Mailing Address 2633 NW 20TH ST MIAMI, FL 33142
---	---

DO NOT WRITE IN THIS SPACE

	
04182007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 04-3644357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (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	P RODRIGUEZ, FRANCISCO A 545 NW 129 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, ENELSIDA 545 NW 129 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FERNANDO J 545 NW 129 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, PATRICIA K 545 NW 129 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000723470
05/02/07-80073-011 158.75

12. I hereby certify that the information provided 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 thereof; that I am duly 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:  **4/18/07** **305-633-0095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #