


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90278 031 ***150.00

DOCUMENT # P02000047571 1. Entity Name RS ASSET MANAGEMENT INC.					
Principal Place of Business 4104 GLENMOOR DR WEST PALM BEACH, FL 33409			Mailing Address 4104 GLENMOOR DRIVE WEST PALM BEACH, FL 33409		
2. Principal Place of Business 1224 NORTH C ST. Suite, Apt. #, etc.		3. Mailing Address 1224 NORTH C ST Suite, Apt. #, etc.			
City & State LAKE WORTH, FL Zip 33460		City & State LAKE WORTH, FL Zip 33460		4. FEI Number 01-0678866	
Country PAUM Bch		Country PAUM Bch		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELLEY, R. SCOTT 224 DATURA STREET STE 1214 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name R. Scott Shelley Street Address (P.O. Box Number is Not Acceptable) 1224 NORTH C STREET City LAKE WORTH FL Zip Code 33460		
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when registering) DATE 4-24-04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SHELLEY, R. SCOTT 4104 GLENMOOR DR WEST PALM BEACH, FL 33409 1224 NORTH C ST LAKE WORTH FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/24/04 Daytime Phone #		