


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90044 002 \*\*\*158.75

**DOCUMENT # P02000050888**

1. Entity Name  
**R2 TECHNOLOGY SERVICES, INC.**



44061033

Principal Place of Business      Mailing Address  
**304 PALERMO AVE**      **304 PALERMO AVE**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**



2. Principal Place of Business      3. Mailing Address  
**9155 S. Dadeland Blvd.**      **9155 S. Dadeland Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 1400**      **Suite 1400**

03152004      Chg-P      CR2E034 (10/03)

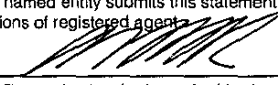
City & State      City & State  
**Miami, Florida**      **Miami, Florida**  
 Zip      Country      Zip      Country  
**33156**      **USA**      **33156**      **USA**

4. FEI Number      Applied For  
**27-0010970**      Not Applicable

6. Name and Address of Current Registered Agent  
**DE LA HOZ, JORGE**  
**304 PALERMO AVE**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name **Anthony X. Silva, C/O R2 Tech Svcs.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9155 S. Dadeland Blvd.**  
**Suite 1400**  
 City **Miami**      FL      Zip Code **33156**

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  **Anthony X. Silva President, CEO & Director**      DATE **March 18<sup>th</sup>, 2004**

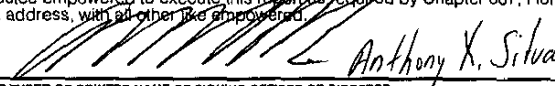
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD SILVA, ANTHONY X 13507 SW 59 AVENUE MIAMI, FL 33156 <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
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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:  **Anthony X. Silva**      DATE **March 18<sup>th</sup>, 2004**      DAYTIME PHONE # **305-670-4770**

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