

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90002 049 ***150.00

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1. Entity Name

R&S ENTERPRISES OF SOUTH FLORIDA, INC.



Principal Place of Business

4832 NW 8TH CT
PLANTATION, FL 33317

Mailing Address

4832 NW 8TH CT
PLANTATION, FL 33317

03001000



06142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

82-0553147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TYLER, WILLIAM A
6834 STIRLING ROAD
DAVIE, FL 33024

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME TAYLOR, ROSA
STREET ADDRESS 4832 NW 8TH CT
CITY-ST-ZIP PLANTATION, FL 33317

TITLE D
NAME MITCHELL, SHIRLEY
STREET ADDRESS 4230 NW 21ST ST unit 245
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/14/04

954-739-9567