

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000061888

Entity Name: RS BROKERAGE, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

89 WICKLIFFE DR.  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 110177  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 01-0705566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMSEY, BEN L  
89 WICKLIFFE DR.  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAMSEY, BEN L  
Address: 89 WICKLIFFE DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: V  
Name: RAMSEY, JENNIFER  
Address: 89 WICKLIFFE DR.  
City-St-Zip: NAPLES, FL 34110

Title: ST  
Name: RAMSEY, NELLY  
Address: 89 WICKLIFFE DR.  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BEN L. RAMSEY

PRES

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date