--- 2003 FOR PROFIT CORPORATION 7/28/2003-90148-012-\$150.00-\$150.00 UNIFORM BUSINESS REPORT (UBR P02000065281 **DOCUMENT #** 1. Entity Name 03 AUG 28 PM 2: 25 R.S.V.P. OF SOUTH FLORIDA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7431-34 W ATLANTIC AVE 7431-34 W ATLANTIC AVE DELRAY BCH FL 33496 DELRAY BCH FL 33496 2. Principal Place of Business Mailing Address Suite Apt # etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 3 City & State 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RICHIEZ-SALES, MARIE A Street Address (P.O. Box Number Is Not Acceptable) 7431-34 W ATLANTIC AVE **DELRAY BCH FL 33496** Zip Code 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstatung) FILE NOW!!! FEE IS \$550.00 9. Efection Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (4/03) TITLE Delete TITLE ☐ Change ☐ Addition RICHIEZ-SALES, MARIE A NAME NAME 6601 NW 23 WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP PRESIDENT TITLE Delete TILE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

CITY-ST-ZIP TITLE NAME : NAME _____ STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete > MUE ☐ Addition Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this liling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

10.

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RSVP Of South Florida DBA Mailbox Express

7431-34 W Atlantic Ave Delray Beach, Fl. 33446 Phone: (561) 498-1001 Fax: (561) 498-1411

July 23, 2003

Florida Dept. of State Division of Corporation

To Whom It May Concern:

I just received this paper I tried to call and I could not speak to anyone, but the message said that the fee should have been paid since May of this year. I think that someone made a mistake by not sending me this paper before the month of May. Here is enclosed the check of \$150.00 as the regular fee, assuming that the late fee will be removed.

The corporation was formed last year around this time and there is no way I would know when and where to send the money unless I received this form. The last thing I need is to pay late charge since I can barely afford the regular charges. Please take this matter into consideration promptly, and receive my regards!

Sincerely,

I have no money, busines is territo;

Hudbour I sent the \$150 and this

Marie A. Richiez-Sales.

President

Letter as soon as I received

your corporation renewal. I have

no balance due onnee I did not

know when a where to send, Here

mysel of une base with the FIN #