

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

07-26-2006 90001 041 ***150.00
04-06-2006 90006 047 ***150.00

DOCUMENT # P02000081063					
1. Entity Name R.C. TRANSPORT SUPPLY, INC.					
Principal Place of Business 10686 KATMAN DU COURT BOYNTON BEACH, FL 33437 US			Mailing Address C/O PAYER & TWOMBLY, P.A. 1999 S.W. 27TH AVE SECOND FLOOR MIAMI, FL 33145		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3870456	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYER, JAMES D. ESQ. C/O PAYER & TWOMBLY, P.A. 1999 S.W. 27TH AVE SECOND FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL		
			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 _____ (NOTE: Registered Agent signature is required when re-appointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	TITLE	NAME
	OLIVERAS, ROBERT	10686 KATMAN DU COURT	BOYNTON BEACH, FL 33437		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X <u>Robert Oliveras</u> <u>8-3-06</u> <u>561-62</u> <u>364-0679</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					