

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUN 12 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000051608

1. Entity Name
RACK SYSTEMS INSTALLATION INC



Principal Place of Business
6517 SW 116TH PL #C
MIAMI, FL 33173

Mailing Address
6517 SW 116TH PL #C
MIAMI, FL 33173



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072006

Chg-P

CR2E034 (11/05)

City & State

City & State

5/ FEI Number

54-2114581

Applied For

Not Applicable

Zip

Country

Zip

Country

6/ Certificate of Status Desired ☐

90/86 Beechpobm
Gf1Sfrvjfe

7/ Obn f lboelBeeff t t lpgDves ouST hjt u f efShf ou

8/ Obn f lboelBeeff t t lpgOf x l8f hjt u f efShf ou

RIERA, MARISELA
6517 SW 116TH PL #C
MIAMI, FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

City

GM

Zip Code

9/ 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 filing.)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2008

10/ Election Campaign Financing
Trust Fund Contribution. ☐

96/11 Nbz/Cr1
Beef elup/G f1

In accordance with s. 807.193(2)(b), F.S., the
corporation did not receive the prior notice.

21/ OFFICERS AND DIRECTORS

22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
RIERA, MARISELA
6517 SW 116TH PL #C
MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

23/ 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.

TJHOBUSF;

TJHOBUSF: 06/21/06-01040--022 **150.00

Date

(Signature Printed)

6/12/08