


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90313 023 ***158.75

DOCUMENT # P03000071860 1. Entity Name RPS PROFESSIONAL SERVICES CORP			
Principal Place of Business 2158 W 60 ST 13108 HIALEAH, FL 33016 US		Mailing Address 2158 W 60 ST 13108 HIALEAH, FL 33016 US	
2. Principal Place of Business 7672 W 29 Lane Suite, Apt. #, etc. APT. 101 City & State Hialeah, FL Zip 33018 Country USA		3. Mailing Address P.O. Box 160822 Suite, Apt. #, etc. City & State Hialeah, FL Zip 33016 Country USA	
4. FEI Number 13-4256271		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01192005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RODRIGUEZ, JESUS R P 2158 W 60 ST 13108 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD MORALES, MARIA P <input checked="" type="checkbox"/> Delete 7631 W 29 WAY APT 201 HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Morales Maria P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7672 W 29 Lane Ap. 101 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T RODRIGUEZ, JESUS R <input checked="" type="checkbox"/> Delete 7631 W 29 WAY APT 201 HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T Rodriguez Jesus R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7672 W 29 Lane Ap. 101 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered agent 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04-20-05	
Daytime Phone # 305-5567516			