


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000071860 1. Entity Name RPS PROFESSIONAL SERVICES CORP	
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Principal Place of Business
7672 W 29 LANE
APT 101
HIALEAH, FL 33018 US

Mailing Address
P.O. BOX 160822
HIALEAH, FL 33016 US



05232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4256271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JESUS R P
2158 W 60 ST
13108
HIALEAH, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MORALES, MARIA P
7672 W 29 LANE APT. 101
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,T
RODRIGUEZ, JESUS R
7672 W 29 LANE APT. 101
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000566215
05/26/06-80007-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-23-06

Date

786-2879178

Daytime Phone #