


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90081 016 \*\*\*150.00

DOCUMENT # P03000094493

1. Entity Name  
**R & L FINANCIAL SERVICES, INC.**




01042008 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address  
**714 NW 32ND AVENUE MIAMI, FL 33125** **714 NW 32ND AVENUE MIAMI, FL 33125**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**3460 NW 7 STREET SUITE, APT. #, ETC.** **3460 NW 7 STREET SUITE, APT. #, ETC.**

City & State City & State  
**MIAMI, FL** **MIAMI, FL**

Zip Country Zip Country  
**33125 U.S.** **33125 U.S.**

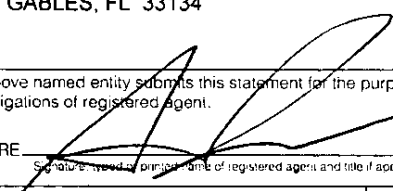
4. FEI Number Applied For  
**30-0200104**  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUNKLEY, LINDSAY**  
**717 PONCE DE LEON BOULEVARD**  
**SUITE 310**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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  DATE **1/4/08**

Signature required by principal agent of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<b>P</b> <b>RIVERA, ABELARDO E</b> <b>714 NW 32ND AVENUE</b> <b>MIAMI, FL 33125</b>	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
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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 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:  DATE **1/4/08** **(305) 649-4777**