

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153593

FILED
May 02, 2006
Secretary of State

Entity Name: RAPIMAX SERVICES CORP.

Current Principal Place of Business:

851 COUNTRY CROSSING CT
KISSIMMEE, FL 34744

New Principal Place of Business:

655 S NARCOOSSEE RD
SAINT CLOUD, FL 34771

Current Mailing Address:

851 COUNTRY CROSSING CT
KISSIMMEE, FL 34744

New Mailing Address:

655 S NARCOOSSEE RD
SAINT CLOUD, FL 34771

FEI Number: 20-0486268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, HERNAN OFFICER
851 COUNTRY CROSSING CT
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

GOMEZ, HERNAN OFFICER
655 S NARCOOSSEE RD
SAINT CLOUD, FL 34771 US

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.

SIGNATURE: HERNAN GOMEZ

05/02/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIRANDA, ARMANDO P
Address: 851 COUNTRY CROSSING CT
City-St-Zip: KISSIMMEE, FL 34744

Title: V () Delete
Name: GOMEZ, HERNAN
Address: 851 COUNTRY CROSSING CT
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: CASTAÑO, ESPERANZA
Address: 851 COUNTRY CROSSING CT
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIRANDA, ARMANDO P
Address: 655 S NARCOSSEE RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CASTAÑO, ESPERANZA
Address: 655 S NARCOOSSEE RD
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO MIRANDA

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date