

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90026 050 \*\*\*158.75  
08-03-2005 90060 046 \*\*\*400.00

**DOCUMENT # P04000004137**

1. Entity Name  
**R&F SUPPORT & MAINTENANCE INC.**



Principal Place of Business <b>2710 N 62 AVE HOLLYWOOD, FL 33024</b>	Mailing Address <b>2710 N 62 AVE HOLLYWOOD, FL 33024</b>
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**00000000**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

07302005      Chg-P      CR2E034 (10/03)

4. FEI Number **58-2680071** ☒ Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSS, REJEAN  
2710 N 62 AVE  
HOLLYWOOD, FL 33024**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROSS, REJEAN 2710 N 62 AVE HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROSS, FANNY 2710 N 62 AVE HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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: Rejean Ross**

**July 30-2005 954-986-6857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/8/2005-90026-050-\$158.75-\$158.75

<b>DOCUMENT # P04000004137</b>					
<b>1. Entity Name</b> <b>R&amp;F SUPPORT &amp; MAINTENANCE INC.</b>					
<b>Principal Place of Business</b> <b>2710 N 62 AVE</b> <b>HOLLYWOOD, FL 33024</b>			<b>Mailing Address</b> <b>2710 N 62 AVE</b> <b>HOLLYWOOD, FL 33024</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07022005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> <b>58-2680071</b>				<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>ROSS, REJEAN</b> <b>2710 N 62 AVE</b> <b>HOLLYWOOD, FL 33024</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>ROSS, REJEAN</b> <b>2710 N 62 AVE</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>ROSS, FANNY</b> <b>2710 N 62 AVE</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>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 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.</b>					
<b>SIGNATURE:</b> <b>ROSS, REJEAN</b> <b>JULY-02-2005</b> <b>954-986-857</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

ATTACHMENT

50059505





ATTACHMENT

5005950J —

FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

July 12, 2005

**R&F SUPPORT & MAINTENANCE INC.**  
2710 N 62 AVE  
HOLLYWOOD, FL 33024

Subject: **R&F SUPPORT & MAINTENANCE INC.**

Reference Number: **P04000004137**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.