


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

pg 1052

<b>DOCUMENT # P04000036927</b> 1. Entity Name <b>RCPA BUILDERS, INC.</b>		 <b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>05 OCT 24 PM 1:50</b>																									
Principal Place of Business <b>7700 SW 115 Street</b> <b>Pinecrest, FL 33156</b>		Mailing Address <b>7700 SW 115 Street</b> <b>Pinecrest, FL 33156</b>																									
2. Principal Place of Business <b>7700 SW 115 STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>7700 SW 115 STREET</b> Suite, Apt. #, etc.																									
City & State <b>PINECREST FL 33156</b> Zip Country		City & State <b>PINECREST FL 33156</b> Zip Country																									
4. FEI Number <b>20-0082452</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>CORTES, RICHARD</b> <b>7700 SW 115 STREET</b> <b>PINECREST FL 33156</b>		7. Name and Address of Newly Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00 May E</b> Trust Fund Contribution <input type="checkbox"/> Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>D</b>  <b>CORTES, RICHARD</b>  <b>7700 SW 115 STREET</b>  <b>PINECREST FL 33156</b> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>D</b> <b>CORTES, RICHARD</b> <b>7700 SW 115 STREET</b> <b>PINECREST FL 33156</b>	<input type="checkbox"/> Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>500060457495</b>  <b>10/10/05--01076--012 **150.00</b> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addit         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>500060457495</b> <b>10/10/05--01076--012 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addit										
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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 Statute; I further certify that the information indicated on this report of 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: _____ <b>6/17/5</b>		<b>10/06/05 (305) 233-0858</b>																									

Pg 20Fz

October 6, 2005

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

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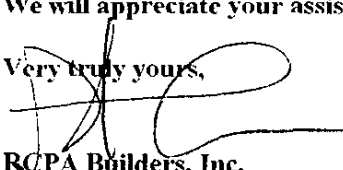
RE: Annual Report - P04000035927 - Year 2005.

We received your Notice of Intent to Dissolve. Then, I call our accountant and send by fax a copy of the document we received. He found out through the Internet that we had not filed the 2005 Annual Report. We told him that we did not receive that Annual Report. He tried to download the document using the Internet but could not. He had to prepare a form so that I could send it. Enclosed you will find a copy of the report he manufactured out with a \$ 150.00 checks for the filing according to our accountant instructions.

You will notice that we had moved. Please, take note of the new address.

We will appreciate your assistance to correct this matter.

Very truly yours,



RCPA Builders, Inc.  
7700 SW 115 Street  
Miami, FL 33156-4426

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Enc. 2005 Annual Report.  
\$ 150.00 check

Cc: File