

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90081 045 ***150.00

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1. Entity Name
RST AMERICAS CORP



Principal Place of Business

15970 W STATE ROAD 84
SUITE 214
SUNRISE, FL 33326

Mailing Address

15970 W STATE ROAD 84
SUITE 214
SUNRISE, FL 33326

40013980



2. Principal Place of Business - No P.O. Box #

965 N NOB HILL Rd.

3. Mailing Address

965 N NOB HILL Rd.

Suite, Apt. #, etc.

224

Suite, Apt. #, etc.

224

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33324

Country

USA

Zip

33324

Country

U.S.A.

02052007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1742865

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, MARIA R
15970 W STATE ROAD 84
SUITE 214
SUNRISE, FL 33326

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2/6/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SARMIENTO, RUY
STREET ADDRESS 15970 W STATE ROAD 84, # 214
CITY-ST-ZIP SUNRISE, FL 33326 ☐ Delete

TITLE VP
NAME SARMIENTO, MARIA R
STREET ADDRESS 15970 W STATE ROAD 84, # 214
CITY-ST-ZIP SUNRISE, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME SARMIENTO, RUY
STREET ADDRESS 965 N NOB HILL Rd. # 224
CITY-ST-ZIP PLANTATION FL 33324

TITLE VP ☒ Change ☐ Addition
NAME SARMIENTO, MARIA R
STREET ADDRESS 965 N NOB HILL Rd # 224
CITY-ST-ZIP PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

Date

Daytime Phone #