2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000163175 RPS IMPORT EXPORT, INC. SEUNLIARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 10855 NW 50TH STREET # .201 10855 NW 50TH STREET #201 MIAMI, FL 33178 MIAMI, FL 33178 3. Mailing Address 2. Principal Place of Business 90109 026 CR2E034 (10/03) Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Applied For 4. FEI Number City & State City & State Not Applicable 20-1960818 \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIGNOLO, JORGE A Street Address (P.O. Box Number is Not Acceptable) 10855 NW 50TH STREET # 201 MIAMI, FL 33178 06.703.705 OTOST 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change VIGNOLO, JORGE A NAME NAME STREET ADDRESS 10855 NW 50TH STREET STREET ADDRESS #201 CITY-S1-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RODROGUEZ, LILIANA M NAME MALIF #201 **10855 NW 50TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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 of the receiver trustee empowered. LILIAUA M KODRIGUE