

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000163920

1. Entity Name
RESCUE TECH, INC.



Principal Place of Business

6016 NW 6TH AVE
MIAMI, FL 33127 US

Mailing Address

6016 NW 6 AVE
MIAMI, FL 33127 US



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1974802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, EDUARDO H
7925 WEST DRIVE
16
NORTH BAY VILLAGE, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000949381

06/03/08-80027-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DA SILVA, EDUARDO H
STREET ADDRESS 7925 WEST DRIVE #16
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE VPD
NAME LIMA, LUCIANA A
STREET ADDRESS 7925 WEST DRIVE #16
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Luciana A. Lima VPD LUCIANA A. LIMA

04/29/08

305.759.7599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #