

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90058 017 \*\*\*150.00

DOCUMENT # P05000012537

1. Entity Name

R & S LIMITED, INC.



Principal Place of Business

1810 N.E. 144 STREET  
NORTH MIAMI FL 33181

Mailing Address

1810 N.E. 144 STREET  
NORTH MIAMI FL 33181



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

16295 NW 13<sup>th</sup> AVENUE

3. Mailing Address

16295 NW 13<sup>th</sup> AVENUE

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

1st MOORE

CR2E034 (10/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

54-2180756

Applied For

Not Applicable

Zip

33169

Country

LISA

Zip

33169

Country

LISA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARMER, DAN  
3971 S.W. 8TH STREET  
SUITE 206  
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

BRISKIN, ROMAN

Street Address (P.O. Box Number is Not Acceptable)

16295 NW 13<sup>th</sup> AVENUE, Suite A

City

MIAMI

FL

Zip Code

33169

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]*

ROMAN BRISKIN

04/03/07

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEIN, SLAV	
STREET ADDRESS	1810 N.E. 144 STREET	
CITY - ST - ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRISKIN, ROMAN	
STREET ADDRESS	1810 N.E. 144 STREET	
CITY - ST - ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, SLAV	
STREET ADDRESS	16295 NW 13 <sup>th</sup> AVENUE, Suite A	
CITY - ST - ZIP	MIAMI, FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISKIN, ROMAN	
STREET ADDRESS	16295 NW 13 <sup>th</sup> AVENUE, Suite A	
CITY - ST - ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* ROMAN BRISKIN

04/03/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #