2006 FOR PROFIT CORPORATION

Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000024318 04-03-2006 90367 035 ***150.00 1. Entity Name R & S DEVELOPMENT AND INVESTMENT, INC. Principal Place of Business Mailing Address 7914 NW 64TH STREET 7914 NW 64TH STREET MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For (05-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SARDUY, RICARDO 7914 NW 64TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33166 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE Change ☐ Addition NAME SARDUY RICARDO NAME STREET ADDRESS 12129 NATALIE COVE ROAD STREET ADDRESS COOPER CITY, FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SARDUY, JOSE B NAME NAME 7914 NW 64TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all off ZICARDO

STREET ADDRESS

CITY-ST-ZIP

PRECIDEC SARDUY **SIGNATURE** HING OFFICER OR DIRECTOR

STREET ADDRESS

CITY+ST-7IP

FILED