2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2007 8:00 am **Secretary of State** DOCUMENT # P05000033488 02-23-2007 90029 015 ***150.00 RPCP INVESTMENTS, INC. Principal Place of Business Mailing Address 595 S FEDERAL HWY SUITE 600 595 S FEDERAL HWY SUITE 600 PAGGTARG BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Chg-P CR2E034 (12/06) 5.00 E00 Suite Saite City & State City & State 4. FEI Number Applied For 20-2495657 Not Applicable Zip Country Zıp 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 Name AMERICAN INFORMATION SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 350 E LAS OLAS BLVD LAS OLAS CENTRE II **SUITE 1600** FT LAUDERDALE, FL 33301-2871 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE ■ Addition ☐ Delete ☐ Change ROCHON, RICHARD C NAME NAME 595 S FEDERAL HWY STE 500 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP VΡ TITLE ☐ Delete ☐ Change ■ Addition RUFF, JACK I NAME NAME STREET ADDRESS 595 S FEDERAL HWY STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Change ☐ Addition TITLE ☐ Delete TITLE NAME FERRARI, MARIO B STREET ADDRESS 595 \$ FEDERAL HWY STE 500 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE THUE ☐ Delete Change ■ Addition FARENHEM, ROBERT C NAME NAME STREET ADDRESS 595 S FEDERAL HWY STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-955-7300 Davime Phone #

FILED