Feb 22 06 11:16a RSC LATIN MGMT

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90177 047 ***150.00

DOCUMENT # P05000056734

1. Entity Name

RSC LATIN MANAGEMENT CORP.

Principal Place of Business	Mailing Address
11089 CANARY ISLAND COURT PLANTATION FL 33324	11089 CANARY ISLAND COURT PLANTATION FL 33324

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
750 LEIGH PALM AVE.	750 LEIGH PALM AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION FL.	City & State: PLANTATION FL.
Zip: 33324 Country:	Zip: 33324 Country:

4. FEI Number: 20-2752282 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, ROBERT
11089 CANARY ISLAND COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: ROBERT COOPER
Street Address (P.O. Box Number is Not Acceptable): 750 LEIGH PALM AVE.
City: PLANTATION FL Zip Code: 33324

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] PRES. 2/22/06
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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST NAME: COOPER, ROBERT STREET ADDRESS: 11089 CANARY ISLAND COURT CITY-ST-ZIP: PLANTATION FL 33324	☐ Delete	TITLE: PST NAME: ROBERT COOPER STREET ADDRESS: 750 LEIGH PALM AVE. CITY-ST-ZIP: PLANTATION FL 33324	☒ Change ☐ Addition
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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] ROBERT COOPER 2/22/06 516.510.9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #