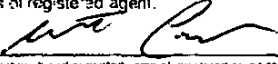


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 11089 CANARY ISLAND COURT PLANTATION FL 33324		Mailing Address 11089 CANARY ISLAND COURT PLANTATION FL 33324	
2. Principal Place of Business 750 LEIGH PALM AVE.		3. Mailing Address 750 LEIGH PALM AVE.	
Suite, Apt., Etc.		Suite, Apt., Etc.	
City & State PLANTATION FL.		City & State PLANTATION FL.	
Zip 33324	Country	Zip 33324	Country
6. Name and Address of Current Registered Agent COOPER, ROBERT 11089 CANARY ISLAND COURT PLANTATION FL 33324		4. FEI Number 20-2752282	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		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  PRES. DATE 2/22/06			
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 NAME STREET ADDRESS CITY-ST-ZIP	PST COOPER, ROBERT 11089 CANARY ISLAND COURT PLANTATION FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROBERT COOPER 750 LEIGH PALM AVE. PLANTATION FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 included 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 a full other line empowered.			
SIGNATURE:  ROBERT COOPER		DATE: 2/22/06 516-510-9855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	