

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **POS000112505**

1. Entity Name

**RS DIME CORP.**



11 MAY 23 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**14240 SW 177 St**

3. Mailing Address

**14240 SW 177 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**20-3227358**

Applied For

Not Applicable

Zip

**33177**

Country

**DADE**

Zip

**33177**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Raul C. Sanchez**

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

**14240 SW 177 St**

City

**MIAMI**

**FL**

Zip Code

**33177**

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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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

**rsdime@hotmail.com**

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
Sanchez, Raul C  
14240 SW 177 St  
MIAMI FL 33177**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

300207201703  
05/04/11-01011-014 \*\*150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**5/15/11 305-305-4714**