

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142101

FILED
Apr 25, 2006
Secretary of State

Entity Name: ROOM SERVICE MAGAZINE, INC.

Current Principal Place of Business:

2700 GLADES CIR, SUITES 142-143
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2700 GLADES CIR, SUITES 142-143
WESTON, FL 33327

New Mailing Address:

FEI Number: 51-0556273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREITES, NICOLE
7758 NW 44 ST.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

TOTALCORP BUSINESS CONSULTANTS
1820 N CORPORATE LAKES BLVD
206-8
WESTON, FL 33326 US

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.

SIGNATURE: CARMEN M HERNANDEZ

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MELILLO, VICTOR
Address: 2700 GLADES CIR, SUITES 142-143
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: QUILIEI, JEAN
Address: 2700 GLADES CIR, SUITES 142-143
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: OLIVER, MANUEL
Address: 2700 GLADES CIR, SUITES 142-143
City-St-Zip: WESTON, FL 33327

Title: OD () Delete
Name: HERNANDEZ, CARMEN M
Address: 2700 GLADES CIR, SUITES 142-143
City-St-Zip: WESTON, FL 33327

Title: SD () Delete
Name: ALVAREZ, IBELISE
Address: 2700 GLADES CIR, SUITES 142-143
City-St-Zip: WESTON, FL 33327

Title: TD (X) Delete
Name: QUINTANA, GUMERSINDO
Address: 2700 GLADES CIR, SUITES 142-143
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: QUILICI, JEAN
Address: 2700 GLADES CIR, SUITES 142-143
City-St-Zip: WESTON, FL 33327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR MELILLO

PCEO

04/25/2006

Electronic Signature of Signing Officer or Director

Date