

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 21, 2006 8:00 am
Secretary of State**

04-21-2006 90120 027 ***158.75

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1. Entity Name
R&S METALSMITHS INC.

Principal Place of Business
3024 GLENWOOD DR
WPB, FL 33405 US

Mailing Address

3024 GLENWOOD DR
WPB, FL 33405 PB

2. Principal Place of Business
3024 Glenwood Rd

3. Mailing Address
3024 Glenwood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
W.P.B., FL

City & State
W.P.B., FL

Zip
33405

Country
US

Zip
33405

Country
US

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A PRES.
3024 GLENWOOD DR
WPB, FL 33405

Name

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

City

FL Zip Code

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

Jose Rodriguez
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
RODRIGUEZ, JOSE A
3024 GLENWOOD RD
WPB, FL 33405

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC.
RODRIGUEZ, ROSSANNA S
3024 GLENWOOD RD
WPB, FL 33405

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SAVINON, SOSTENES
731 TALLAPOOSA ST
WPB, FL 33405

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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 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:

Jose Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-06 (561) 833-9560
Date Daytime Phone #