2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003696

Name:

Address: City-St-Zip: BRAVO, FABIAN

MIAMI, FL 33014

5881 NW 151ST STREET SUITE 204

Entity Name: RETAIL PLACEMENT INTERNATIONAL INC.

FILED Jan 07, 2009 Secretary of State

Littly Nai	ne. KETAIL	PLACEMENT INTERNATION:	AL, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
5881 NW 151ST STREET SUITE 204 MIAMI, FL 33014				5881 NW 151ST STREET SUITE 204 MIAMI, FL 33014		
Current Mailing Address:				New Mailing Address:		
5881 NW 151ST STREET SUITE 204 MIAMI, FL 33014				5881 NW 151ST STREET SUITE 204 MIAMI, FL 33014		
FEI Number:	20-4085711	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
STORCH, PHILIP 5881 NW 151ST STREET SUITE 204 MIAMI, FL 33014 US				STORCH, PHILIP 5881 NW 151ST STREET SUITE 204 MIAMI, FL 33014 US		
	named entity e of Florida.	submits this statement for the	purpose of	f changing its register	ed office or registered agent, or both,	
SIGNATURE:				01/07/2009		
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STORCH, PHI	ST STREET SUITE 204		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WARSHOWE	ST STREET SUITE 204		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIP STORCH RA 01/07/2009