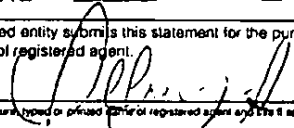
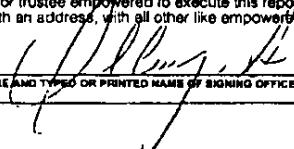


FILED
Jun 21, 2007 8:00 am
Secretary of State

05-24-2007 90001 015 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000069893			
1. Entity Name REFERENCE SERVICE MAINTENANCE R.S.M., INC.			
Principal Place of Business 2727 NORTH ANDREWS AVE APT. 112 WILTON MANORS, FL 33311		Mailing Address 2727 NORTH ANDREWS AVE APT. 112 WILTON MANORS, FL 33311	
2. Principal Place of Business - No P.O. Box # 1005 North Santa Catalina Circle		3. Mailing Address Suite, Apt. #, etc.	
City & State NORTH LAUDERDALE FL		City & State	
Zip 33068	Country BROWARD	Zip 33311	Country
4. FEI Number 71-1033306		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02192007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent AMBROISE, OLBRY 2727 NORTH ANDREWS AVE APT. 112 WILTON MANORS, FL 33311		7. Name and Address of New Registered Agent 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  DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	D AMBROISE, ALBRY 2727 NORTH ANDREWS AVE APT. 112 WILTON MANORS, FL 33311 ☐ 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
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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 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: 		04-30-07	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	