





# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90323 031 \*\*\*150.00

<b>DOCUMENT # P06000095378</b>					
<b>1. Entity Name</b> RPL CONSTRUCTION INC					
<b>Principal Place of Business</b> 2812 SHADOW VIEW CIRCLE MAITLAND, FL 32751 US			<b>Mailing Address</b> 2812 SHADOW VIEW CIRCLE MAITLAND, FL 32751 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 618 Renaissance Pointe Suite, Apt. #, etc. Apt #105 City & State Altamonte Springs FL Zip 32714 Country USA		<b>3. Mailing Address</b> 618 Renaissance Pointe Suite, Apt. #, etc. Apt #105 City & State Altamonte Springs FL Zip 32714 Country USA			
<b>4. FEI Number</b> 20-5233658				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR STE 246 ORLANDO, FL 32819			<b>7. Name and Address of New Registered Agent</b> Name Ricardo Lopes Street Address (P.O. Box Number is Not Acceptable) 618 Renaissance Pointe Apt #105 City Altamonte Springs FL Zip Code 32714		
<b>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.</b> SIGNATURE:  DATE: 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOPES, RICARDO 2812 SHADOW VIEW CIRCLE MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	618 Renaissance Pointe #105 Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> 			4/22/08 407-427-5221		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		