

FILED
May 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 020 ****50.00

05-02-2007 90039 039 ***100.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000129301 1. Entity Name RLAC CORPORATION					
Principal Place of Business 5008 MILENIA BLV 303 ORLANDO, FL 32839			Mailing Address 5008 MILENIA BLV 303 ORLANDO, FL 32839		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc City & State Zip Country			3. Mailing Address Suite, Apt. #, etc City & State Zip Country		
4. FEI Number 20-5831834			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DA SILVA, REINALDO J SR 5008 MILENIA BLV 303 ORLANDO, FL 32839			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: <i>Reinaldo J. da Silva</i>					
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	P SILVA, REINALDO SR. 5008 MILENIA BLV #303 ORLANDO, FL 32839 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, LILIAN MS 5008 MILENIA BLV #303 ORLANDO, FL 32839 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 507, 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: <i>Reinaldo J. da Silva</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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