


2008 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 12, 2008 8:00 am
Secretary of State

05-05-2008 90238 010 ***150.00

DOCUMENT # P07000008305

1. Entity Name
R & Z GENERAL SERVICES, INC.



Principal Place of Business Mailing Address
8181 NW SOUTH RIVER DRIVE **8181 NW SOUTH RIVER DRIVE**
A-133 **A-133**
MEDLEY, FL 33166 **MEDLEY, FL 33166**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04282008 Chg-P CR2E034 (12/06)

4. FEI Number **43-2117645** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BLANCO, ZOILA
8181 NW SOUTH RIVER DRIVE
A-133
MEDLEY, FL 33166

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD SALGADO RODRIGUEZ, RAMIRO 8181 NW SOUTH RIVER DRIVE, A-133 MEDLEY, FL 33166 <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	VPD BLANCO, ZOILA 8181 NW SOUTH RIVER DRIVE, A-133 MEDLEY, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Zoila Blanco* Date: **4/29/08** Daytime Phone #: **786 252-5878**