

2008 FOR PROFIT CORPORATION ANNUAL REPORT

01-29-2008 90021 025 ***150.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000040400					
1. Entity Name RH PROFESSIONAL SERVICES, CORP.					
Principal Place of Business 2702 S.W 143 AVE MIAMI, FL 33175			Mailing Address 2702 S.W 143 AVE MIAMI, FL 33175		
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	
4. FEI Number 20-8853690				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, RAUL M 2702 S.W 143 AVE MIAMI, FL 33175			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 _____ (NOTE: Registered Agent signature required when re-electing) DATE _____					
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	P SANCHEZ, RAUL M 2702 S.W 143 AVE MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Nancy Sanchez 2702 S.W 143 Ave Miami, FL 33175 ☐ 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 person authorized 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 firm empowered.					
SIGNATURE: _____		01/12/2008 Date Daytime Phone			