


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90144 008 ***158.75

DOCUMENT # P07000074147 1. Entity Name REVENUE MANAGEMENT SERVICES CORP.			
Principal Place of Business 2205 SW 137TH CT. MIAMI, FL 33175		Mailing Address 2205 SW 137TH CT. MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 1001 NORTH ALTERNATE A1A #109 Suite, Apt. #, etc. #109		3. Mailing Address 1001 N ART A1A #109 Suite, Apt. #, etc. #109	
City & State JUPITER, FL		City & State JUPITER, FL	
Zip 33477-3202		Zip 33477-3202	
Country FL		Country FL	
4. FEI Number 26-1168409		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WONG, RAUL 2205 SW 137TH CT. MIAMI, FL 33175		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 renewing) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME WONG, RAUL STREET ADDRESS 2205 SW 137TH CT. CITY-ST-ZIP MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT NAME GONZALEZ, ENRIQUE E STREET ADDRESS 1001 NORTH ALTERNATE A1A, SUITE 109 CITY-ST-ZIP JUPITER, FL 33477	<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
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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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
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: ENRIQUE E GONZALEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/08 561 575 8611 Date Daytime Phone #	

ENRIQUE E GONZALEZ