

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000002005

**FILED**  
**Jul 18, 2012**  
**Secretary of State**

**Entity Name:** THREE EAGLES REVENUE RECLAMATION, INC.

**Current Principal Place of Business:**

7700 N KENDALL DR #509  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7700 N KENDALL DR #509  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RASSNER, WAYNE H ESQ  
7700 N KENDALL DR #509  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPV  
Name: RASSNER, WAYNE  
Address: 7700 N KENDALL DR #509  
City-St-Zip: MIAMI, FL 33156

Title: ST  
Name: RASSNER, WAYNE  
Address: 7700 N KENDALL DR #509  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE RASSNER

DPV

07/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date