

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90002 031 \*\*\*150.00

**DOCUMENT # P93000046529**

1. Entity Name  
RPM CONSULTING, INC.



Principal Place of Business  
923 SW 51ST AVENUE  
PLANTATION, FL 33317

Mailing Address  
923 SW 51ST AVENUE  
PLANTATION, FL 33317

**40113400**



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0422280

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCCAULEY, ROBERT  
923 SW 51ST AVENUE  
PLANTATION, FL 33317

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCCAULEY, ROBERT  
923 SW 51ST AVENUE  
PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert P. McCauley*  
7-14-08  
954-585-5570

ATTACHMENT

40113400

#P93000046529

8-16-08

TO WHOM IT MAY CONCERN

I DID NOT RECEIVE MY ORIGINAL  
APPLICATION FOR THE ANNUAL FEE  
AT THE BEGINNING OF THE YEAR.

I AM REQUESTING A WAIVER OF  
THE \$400 LATE FEE.

PLEASE SEE ATTACHED MY \$1500  
CHECK.

VERY TRULY YOURS



PRES. B. H. CONSOLETTI INC

65-0422280