


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 018 ***150.00

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1. Entity Name
 RSR INTERNATIONAL, INC.



Principal Place of Business
 5461 SE MARICAMP RD
 OCALA, FL 34480 US

Mailing Address
 PO BOX 831132
 OCALA, FL 34483-1132 US

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0445004

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, RALPH
 5461 SE MARICAMP ROAD
 OCALA, FL 34480

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	PVST LOPEZ, RALPH 5360 NE 1ST LANE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, RALPH 5360 N E1ST LANE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST Sandra Lopez 5360 NE 1st Lane Ocala FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Ralph Lopez* Date: 2/26/07 Daytime Phone #: 3526244222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR