


2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
09 JAN 23 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032640 1. Entity Name RUSH SERVICES, INC.					
Principal Place of Business 330 WEST 55 STREET APT. 2B NEW YORK, NY 10019		Mailing Address 1776 N. PINE ISLAND RD. 118 FORT LAUDERDALE, FL 33322			
2. Principal Place of Business - No P.O. Box # 330 WEST 55 ST.		3. Mailing Address 1776 N. Pine Island Rd			
Suite, Apt. #, etc. APT 2B		Suite, Apt. #, etc. 118			
City & State New York, NY		City & State Fort Lauderdale, FL		4. FEI Number 65-0499342	
Zip 10019		Country USA		Applied For Not Applicable	
Zip 33322		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLEIER, HENRY 2699 STIRLING RD. SUITE C-307 FT. LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name BLEIER, HENRY Street Address (P.O. Box Number is Not Acceptable) 1776 N. PINE ISLAND Rd # 118 City PLANTATION FL Zip Code 33322	
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 HENRY BLEIER <i>Henry Bleier</i> DATE 1/5/09 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2009 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete RUSH, NOEL 330 WEST 55 STREET APT. 2B NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800141888018 01/23/09--01005--020 **158.75		
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 or without the like empowered.					
SIGNATURE: <i>Noel Rush</i>		SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-12-2009 Daytime Phone #	

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