## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 22, 2005 8:00 am Secretary of State

	DOCUMENT # P95000034957  1. Entity Name RS IMPORTS, INC.						08-22-2005	·	) ***150	0.00	
130   130	Principal Place of Business Mailing Address					[					
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2. Fireficial Place of Business  Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  See Fill Number  Social Dusine of States Dusined  See Required Agent  7. Name and Address of Gurrent Peglatered Agent  NAMORY CARL & SQUITE  Street Address of Do Dox Number is Na Aggregable)  Street Address of Do Dox Number is Na Aggregable)  Street Address of Do Dox Number is Na Aggregable)  Street Address of Dox Number is Na Aggregable)  File Now/III FEE IS \$150.00  9. Election Carnotign Frenching  PATE Regulared Agent, or both, in the State of Fioritia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fioritia and accept the obligation of registered agent, or both, in the State of Fioritia											
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   C7112005   Chg-P   CR2E034 (10/03)   City & State   City &				<del></del>							
City & State  Country  Country  Country  Country  Country  Special Address of New Registered Agent  Special Address of New Re	2. Principal Place of Business 3. Mailing Address .					j 	Bibli bijii belii belii belii beliii	HANDA IIIKI OKONA	IOSEN ONIO ISEN	ERF II IERI	
Secondary   Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07112005	Chg-P	CR2E034	(10/03)		
6. Name and Address of Current Registered Agant  7. Name and Address of New Registered Agant  7. Name and Address of New Registered Agant  8. The Address of New Registered Agant  9. The Address of New Registered Agant  9. The Address of New Registered Agant  1. The Address of New Regis	City & State		City & State			i			<del></del>		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named arr by shoring this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent.  8. The above named arr by shoring this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent.  FILE NOWIII FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME SINEET AUDRESS  100° SUPPTER PRAK LANE 100° SITE AUDRESS  100° SITE AUD	Zip	Country	Zip	Count	iry	5 Certificate of Status Desired   \$8.75 Additional					
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Signet Address (P.O.) Box Number is Not Acceptable   17 220   Signet Address (P.O.) Box Number is Numb	MANORY FARILLESSUIRE SELZ ESA.										
CITY FALM & FL Zapada B.  The above named entry shows 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, and the obligations of registered agent.  SIGNATURE    SIGNATURE     STATE     STATE	11.1-11	. 17 . 17 . 12 . 7		Street Address (	P.O. Box Numbe	is Not Acceptable	17 7	20			
8. The above named or hy shornis 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	31# 109 ( ) ( )										
B. The above named anily sharing his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   File NoWill   FEE   S   50.00		$\wedge$	n RENACH FL Zipsonituan								
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11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice.										
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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR