

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # P95000048848

1. Entity Name

R M SERVICES & SUPPLIES CORP.



Principal Place of Business

6785 SW 8TH STREET  
MIAMI FL 33144

Mailing Address

6785 SW 8TH STREET  
MIAMI FL 33144

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0593784

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, JOSE C  
895 E 9 LANE  
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ORTEGA, JOSE C  
STREET ADDRESS 895 E 9 LANE  
CITY- ST- ZIP HIALEAH FL 33010 ☐ Delete

TITLE STD  
NAME ORTEGA, JOSE C  
STREET ADDRESS 895 E 9 LANE  
CITY- ST- ZIP HIALEAH FL 33010 ☐ Delete

TITLE VD  
NAME ORTEGA, JOSE C  
STREET ADDRESS 895 EAST 9 LANE  
CITY- ST- ZIP HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
000000305078  
04/14/05-80070-003 150.00

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose C. Ortega-Pdt. 2-8-05 305-262-2816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #