


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000006196 1. Entity Name R.A.P. CONSULTANTS, INC.		
Principal Place of Business 15065 SW 87 CT MIAMI, FL 33716	Mailing Address PO BOX 560154 MIAMI, FL 33256	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent DE ARMAS, RICARDO 15065 SW 87 CT MIAMI, FL 33176		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 _____ <small>Signature, typed or printed name of registered agent and title if appropriate. (NOTE: Registered Agent's signature required when re-instating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS DE ARMAS, RICARDO 15065 SW 87 CRT. MIAMI, FL 33176	
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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: <u>Ricardo De Armas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/3/04 (305) 278-7750 <small>Date Daytime Phone #</small>



05032004 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0719920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/17/04-80006-024 150.00

**DO NOT WRITE
IN THIS SPACE**