


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000049898 1. Entity Name RCL MANAGEMENT SERVICES, INC.																							
Principal Place of Business 2875 N.E. 191 STREET SUITE 512 AVENTURA FL 33180			Mailing Address 2875 N.E. 191 STREET SUITE 512 AVENTURA FL 33180																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		Zip																			
Country		Country		4. FEI Number 59-3517218 Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)																			
6. Name and Address of Current Registered Agent LANSBURGH, ROBERT 2875 N.E. 191 STREET SUITE 512 AVENTURA FL 33180				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 _____ (NOTE: Registered Agent's print name required when certifying) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LANSBURGH, ROBERT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2875 N.E. 191 STREET SUITE 512 AVENTURA FL 33180</td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	LANSBURGH, ROBERT		CITY-ST-ZIP	2875 N.E. 191 STREET SUITE 512 AVENTURA FL 33180		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000816701</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>02/14/08-80062-002 150.00</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U00000816701		CITY-ST-ZIP	02/14/08-80062-002 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/1/08 786/344/6611 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							