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May 16, 2008 8:00 am
Secretary of State
05-16-2008 90017 018 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057986

1. Entity Name
R T SERVICES, INC.

Principal Place of Business	Mailing Address
22135 BRADDOCK PL BOCA RATON, FL 33428	22135 BRADDOCK PL BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0845098
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINARI, ARTHUR
22135 BRADDOCK PL
BOCA RATON, FL 33428

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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 _____ 5/12/08
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, 2008 Fee will be $600.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOLINARI, ARTHUR
STREET ADDRESS	22135 BRADDOCK PL
CITY ST ZIP	BOCA RATON, FL 33428
TITLE	DV
NAME	MOLINARI, BETH
STREET ADDRESS	22135 BRADDOCK PL
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: _____ 5/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #