## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000068449

Entity Name: RESOURCE MANAGEMENT SOLUTIONS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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2020 NE 163 STREET 3400 LAKESIDE DRIVE 505

207

N MIAMI BEACH, FL 33162 MIRAMAR, FL 33027

**Current Mailing Address: New Mailing Address:** 

3400 LAKESIDE DRIVE 2020 NE 163 STREET

N MIAMI BEACH, FL 33162 MIRAMAR, FL 33027

FEI Number: 65-0890427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOFSKY, MARTIN KOFSKY, MARTIN 200 S.E. FIRST STREET 20801 BISCAYNE BLVD SUITE 705 SUITE 403 MIAMI BEACH, FL 33131 US AVENTURA, FL 33180 US

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.

SIGNATURE: 04/14/2009

> Date Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

GUILDER, GEORGE GUILDER, GEORGE Name: Name:

2020 NE 163RD STREET, SUITE 207 3400 LAKESIDE DRIVE SUITE 505 Address: Address:

City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: MIRAMAR, FL 33027

Title: VPD () Delete Title: VPD (X) Change ( ) Addition

HERNANDEZ, ALEX HERNANDEZ, ALEX Name: Name:

2020 NE 163RD STREET, SUITE 207 Address: 3400 LAKESIDE DRIVE SUITE 505 Address:

N. MIAMI BEACH, FL 33162 City-St-Zip: MIRAMAR, FL 33027 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R. GUILDER PD 04/14/2009