2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90100 042 ***150.00

ESUARDO (REPRITCIA) 04-01-2005 (305)592-2611

DOCU 1. Entity Narr RBC COM				04-04-2005 90100 042 ***150.00							
Principal Place of Business 10877 NW 33 ST MIAMI, FL 33172			Mailing Address 10877 NW 33 ST MIAMI, FL 33172						50033		
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062005	Chg-P	CR2	E034 (10/03)	
City & State			City & State				4. FEI Numb 65-098) 	pplied For ot Applicable
Zip	Country		Zip	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of	New Registere	ed Agent		
PREPELITCHI, EDUARDO 911 S.W. 171 TERRACE					Name Street A		<i>EPELITO</i> P.O. Box Numb			} 0	
PEMBROKE PINES, FL 33027					City £	7	7 SW	71.		- Zin Cod	
8. The above named entity submits this statement for the purpose of handing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obtigations of registered disject. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.											
10.	I	OFFICERS AND I	DIRECTORS				CHANGES T	O OFFICERS A	NO DIRECTORS	S IN 11	
TITLE	DPS		☐ Delete TIT		E	DP:	S			☐ Change	Addition
NAME	PREPELITCHI, EDUARDO 911 S.W. 171 TERRACE		, NA			PRE	PELITO	My EDI	UARSO		
STREET ADDRESS CITY-ST-ZIP		171 TERRACE KE PINES, FL 33027		EET ADDRESS '- St- ZIP	165 PET	7 SW.	156 AVES	F/ 33	3027	•	
TITLE	DV		☐ Delete	TITL	E	DV		, · .		(E) Change	☐ Addition
NAME	i	ER, ELIAS		NAM			SCHER	ELIAS			,
STREET ADDRESS CITY-ST-ZIP	911 S.W. 171 TERRACE PEMBROKE PINES, FL 33027				EET ADORESS - ST-ZIP	165	7 SW	156 H	ve · r/ a	2027	
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NAME			f.	Ε							
STREET ADDRESS	SS		1.1		ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP	<u> </u>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is trots 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 repeliver 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 attactor with an address, with all other fike propovered.											