

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90277 039 \*\*\*150.00

**14001762**



04192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000088475</b> 1. Entity Name <b>R &amp; S PROFESSIONAL ASSOCIATES, INC.</b>					
Principal Place of Business <b>523 SE 12 STREET DEEFIELD BEACH, FL 33441</b>			Mailing Address <b>523 SE 12 STREET DEEFIELD BEACH, FL 33441</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DEERFIELD BEACH FL</b>		City & State <b>DEERFIELD BEACH FL</b>		4. FEI Number <b>65-0951130</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RAMOS, MARIA 241 N.W. 43 ST. POMPAÑO BEACH, FL 33064</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>523 SE 12 ST</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33441</b>		
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 signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMOS, MARIA 523 SE 12 STREET DEEFIELD BEACH, FL 33441</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEERFIELD BEACH FL 33441</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMON, AMALIA 523 SE 12 STREET DEEFIELD BEACH, FL 33441</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEERFIELD BEACH FL 33441</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b>			<b>4-25-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		