

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S11133

1. Entity Name
R.C.S. EQUIPMENT, INC.



FILED

04 JUL -8 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW ADDRESS

Principal Place of Business

Mailing Address

1444 N.W. 82 AVE
DORAL, FL 33126

1444 N.W. 82 AVE
DORAL, FL 33126



06222004

No Chg-P

CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0242364

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANDELL, LEE ESQ.
ONE S.E. THIRD AVENUE, TENTH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	No
NAME	SANTORSOLA, ROCCO	
STREET ADDRESS	16446 ERBE PLACE	
CITY-ST-ZIP	DAVIE, FL 33334	
TITLE	ST	NO
NAME	SANTORSOLA, LINDA	
STREET ADDRESS	16446 ERBE PLACE	
CITY-ST-ZIP	DAVIE, FL	
TITLE	P	
NAME	STEFFENS, CARLOS	
STREET ADDRESS	URB. DORADO DEL MAR, VILLA DE GULFE # 71	
CITY-ST-ZIP	DORADO, PR 00646	
TITLE	V	
NAME	RAMIREZ, ARAMIS	
STREET ADDRESS	BO. YEGUADA, URBANICACION PALMA REAL # 6	
CITY-ST-ZIP	VEGA BAJO, PR 00693	
TITLE	V	NO
NAME	STOKES, ALICIA	
STREET ADDRESS	4248 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH, FL 33113	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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07/21/04--01072--002 **158.75

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

Date

305-889-0700

Daytime Phone #