2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

ANNUAL KEPUKI						Secretary of State					
DOCU 1. Entity Nam				03-10-2008 90073 013 ***150.00							
	RPI AUTO TECH, INC.		(
Principal Plac	e of Business	Mailing Address	1			AGOA	7319				
12470 SW 1		12470 SW 128TH ST			-	40042213					
MIAMI, FL 3	MIAMI, FL 33186	US									
					;	- 1 1 1 1 1	IN ALEKA TANTA IBARA MERINDI IBAR	1111 1111 BIST	MEN MEN AIR	1 98 1 11 98 1	
	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	02062008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number Applied For 65-0316582 Not Applicable						
Zip Country		Zip Coun		trv			of Status Desired		8.75 Add	itional	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered A	gent		
HASSING, MARCELOV				Name	IAS:	sing	MARCEL	-0 V			
12436 SW 128 ST #4				Street Add	dress (P	.O. Box Numb	er is Not Acceptable)			
MIAMI, FL 33186				124	160	ടധ	128 ST				
				City			120 51		Zip Code	30 - 4 -	
The above named entity submits this statement for the purpose of changing its registered office.					194		Ab is the Chate of Flo	FL	2.0000	33186	
the obligat	tions of registered agent.	or the purpose of changing its	s registered	I Office of I	egistere	o agent, or bo	ith, in the State of Flo	rida. I am ia	amiliar with,	and accept	
SIGNATURE.		•									
0.01.01.01.01	Signature, typed or puriou name of registered agen	t and title if applicable. (NOT	TE: Registered A	Agent signature	e required w	when reinstating)		DATÉ			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con		ing		00 May Be d to Fees				<u> </u>	
10.	OFFICERS AND	D DIRECTORS	11.			ADDITIONS	L CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	PD	☐ Delete	TITLE	I .	VP				Change	☑ Addition	
NAME Street address	HASSING, MARCELO V 12470 SW 128TH ST		NAME				HASSING	ì			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-S	ADDRESS ST-ZIP			128 ST				
TITLE		☐ Delete	TITLE		111	31111	C 33186		☐ Change	Addition	
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADORESS							
TITLE		☐ Delete	TITLE	,,			<u>-</u>		☐ Change	☐ Addition	
NAME		_ = *****									
STREET ADDRESS CITY-ST-ZIP				ADDRESS							
TITLE		☐ Delete		CITY-\$T-ZIP					☐ Change	☐ Addition	
NAME		in ordere		NAME					Change	☐ Addition	
STREET ADDRESS	1			STREET ADDRESS							
CITY-ST-ZIP			CITY-S	ST - ZIP				- .			
TITLE NAME			TITLE NAME						☐ Change	☐ Addition	
STREET ADDRESS	į			ADDRESS							
CITY-ST-ZIP			CITY-S	ST - ZIP							
TITLE NAME		☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS				ADDRESS							
CITY-ST-ZIP	1		CITY-S								

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: __

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/08 306233-2253

Daytime Phone #