

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2006 90035 031 ***158.75
FIL P03000029086
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -2 AM 8:47

DOCUMENT # P03000029086

1. Entity Name
R.P.S. CONTRACTING, INC.



Principal Place of Business
6525 NORTHWEST 12 COURT
MIAMI, FL 33147 US

Mailing Address
6525 NORTHWEST 12 COURT
MIAMI, FL 33147 US

2. Principal Place of Business

6525 N.W. 12, CT
Suite, Apt. #, etc.

3. Mailing Address

6525 N.W. 12, CT
Suite, Apt. #, etc.



05162006 Chg-P CR2E034 (11/05)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

27-0050645

Applied For

Not Applicable

Zip

33147

Country

DADE

Zip

33147

Country

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNS, RANDY
6525 NORTHWEST 12 COURT
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name: RANDY D. DOWNS
Street Address (P.O. Box Number is Not Acceptable): 6525 N.W. 12, CT.
City: MIAMI FL Zip Code: 33147

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

Randy D. Downs

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

(NOTE: Registered Agent signature required when re-registering)

6-12-06

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: DOWNS, RANDY D.
STREET ADDRESS: 6525 NORTHWEST 12 COURT
CITY-ST-ZIP: MIAMI, FL 33147

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VICE PRES
NAME: SANDRA A. HEBURN DOWNS
STREET ADDRESS: 6525 N.W. 12, CT.
CITY-ST-ZIP: MIAMI, FL 33147

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

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:

Randy D. Downs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-06

Date

Daytime Phone #