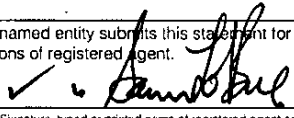
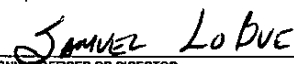
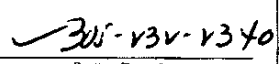


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90293 006 ***150.00

DOCUMENT # P00000049060 1. Entity Name RG ENVIRONMENTAL, INC.					
Principal Place of Business 300 ATLANTIC AVE KEY LARGO, FL 33037			Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		
2. Principal Place of Business 14241 SW 143 Court		3. Mailing Address 14241 SW 143 Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 59-1268201 20-2435603	
Zip 33186		Country USA		Applied For Not Applicable	
Zip 33186		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name SAMUEL LOBUE Street Address (P.O. Box Number is Not Acceptable) 14241 SW 143 Court City MIAMI, FL Zip Code 33186		
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  SAMUEL LOBUE DATE 4-21-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	DPT MONTEAGUDO, JESUS 300 ATLANTIC DRIVE KEY LARGO, FL 33037	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS MONTEAGUDO, ALEXANDER 300 ATLANTIC DRIVE KEY LARGO, FL 33037	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP, S.T. / D LOBUE SAMUEL 14241 SW 143 COURT MIAMI, FLORIDA 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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:  SAMUEL LOBUE  SAMUEL LOBUE  305-232-2340 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					