

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 004 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007548
1. Entity Name
R.G. MSYSTEMS INC.

94049247

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4605 S.W. 89 PLACE Suite, Apt. #, etc.		3. Mailing Address 4605 S.W. 89 PLACE Suite, Apt. #, etc.	
City & State MIAMI, FL. 33165		City & State MIAMI FL. 33165	
Zip 33165	Country DADE	Zip 33165	Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RAMON R GONZALEZ	
Street Address (P.O. Box Number is Not Acceptable) 4605 S.W. 89 PLACE,	
City MIAMI	State FL
Zip Code 33165	

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25

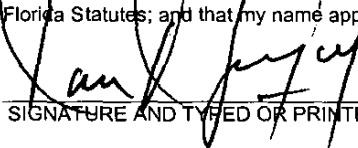
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMON R GONZALEZ 4605 S.W. 89 PLACE, MIAMI, FL. 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



RAMON R GONZALEZ

4/01/04

305-651-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #