


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P9600000754 1. Entity Name R.G.MSYSTEMS, INC.	
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Principal Place of Business 4605 S.W. 89TH PLACE MIAMI FL 33165	Mailing Address 4605 S.W. 89TH PLACE MIAMI FL 33165
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0638156	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, RAMON R 4605 S.W. 89TH PLACE MIAMI FL 33165
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

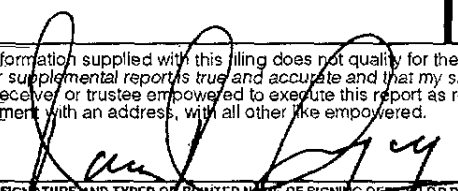
TITLE	P <input type="checkbox"/> Delete	NAME GONZALEZ, RAMON R STREET ADDRESS 4605 S.W. 89TH PLACE CITY-ST-ZIP MIAMI FL 33165
TITLE	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

U00000325614
04/23/05-80022-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

4/20/05 305-651-0400
Date Daytime Phone #