2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000075655

1. Entity Name
R.F.G. REPRESENTACIONES & RESERVACIONES, INC.

FILED
Jan 17, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
14906 SW 104TH STREET, #51 MIAMI, FL 33196	14906 SW 104TH STREET, #51 MIAMI, FL 33196

01152908 No Chg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0961504
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONSEN, MARTHA E
14906 SW 104TH STREET, #51
MIAMI, FL 33196

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NUMBER: P98000075655 FEE: $150.00
Filed: May 1, 2008 Fee: $150.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GALAN, FERNANDO
STREET ADDRESS	14906 SW 104TH STREET, #51
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80009-023 150.00

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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 empowerment.

SIGNATURE: _____ 1-15-2008
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date