


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G69141</b>	
1. Entity Name R.F.L. INVESTMENTS, INC.	
	
Principal Place of Business 3971 SW 8TH ST. #205 CORAL GABLES, FL 33134	Mailing Address 3971 SW 8TH ST. #205 CORAL GABLES, FL 33134



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2353634	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LARRIEU, MANUEL A.  
3971 SW 8TH ST #205  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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's signature required when reinstating)

DATE \_\_\_\_\_

**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**

TITLE	PTD
NAME	LARRIEU, MANUEL A.
STREET ADDRESS	3971 SW 8TH ST #205
CITY- ST- ZIP	CORAL GABLES, FL
TITLE	VSD
NAME	LARRIEU, JORGE A.
STREET ADDRESS	3971 SW 8TH ST #205
CITY- ST- ZIP	CORAL GABLES, FL
TITLE	SD
NAME	LARRIEU, GLORIA A. (ASST)
STREET ADDRESS	3971 SW 8TH ST #205
CITY- ST- ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000224074  
02/10/05-80063-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MANUEL A. LARRIEU 2/8/05 305-444-6416