## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2005 08:00 AM **Secretary of State DOCUMENT # J61353** THE R.C. GROUP INC. Principal Place of Business Mailing Address % KENDALL INTERNATIONAL BLDG. 10621 N KENDALL DR 10621 N. KENDALL DR. #215 STE 215 MIAMI, FL 33176 MIAMI, FL 33176 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2804110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRUZ, REINERIO P. DO NOT WRITE 3532 S. W. 143 PLACE MIAMI, FL 33175 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000219405 Trust Fund Contribution. Added to Fees 02/08/05-80027-003 158.75 OFFICERS AND DIRECTORS 10. TITLE DP CRUZ, REINERIO P. NAME 10621 N KENDALL DR., STE 215 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of trustee empowered by 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 formation and the corporation of the corporation of the receiver of trustee empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPE

**FILED**