


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L60023**  
 1. Entity Name  
**R&G ACQUISITION HOLDINGS CORPORATION**



Principal Place of Business 105 LIVE OAKS GARDENS CASSELBERRY, FL 32707	Mailing Address 105 LIVE OAKS GARDENS CASSELBERRY, FL 32707
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**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2607

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

UN0000163549  
 07/07/04-80005-020 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, VICTOR J 280 JESUS T PINERO HYDE PARK HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOEPEL, JOHN A 105 LIVE OAKS GARDENS CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATS, RAMON 280 JESUS T PINERO HYDE PARK HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDOVAL, JOSEPH 280 JESUS T PINERO HYDE PARK HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.A. Martin, SR WILLIAM A. MARTIN 6/30/04 407-260-1003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #