## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 02, 2004 08:00 AM Secretary of State **DOCUMENT # M43553** 1. Entity Name R.C. COMMERCIAL REALTY, INC. Mailing Address Principal Place of Business 3365 SW 23RD ST MIAMI FL 33145 3365 SW 23RD ST MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEi Number 59-2751455 Not Applicable $Z_{ip}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURBELO, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 3365 SW 23RD ST MIAMI FL 33145 City Zip Code 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition CURBELO, ROBERTO NAME NAME STREET ADDRESS 3365 S.W. 23 ST. STREET ADDRESS U00000027018 CITY -ST-ZIP MIAMI FL CITY-ST-ZIP <del>02/03/04-80030-013 | 150, 00</del> VΡ TITLE ☐ Delete TITLE NAME CURBELO, ROBERTO JR NAME STREET ADDRESS 3365 S.W. 23 ST. STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Deiete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete III) £ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Delete ITTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

GNATURE: Roberto Curbelo 02-01-04 (305) 443-8470

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daylims Phone #

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

with all other like empowered.

changed, or on an attachment with an address