2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2005 08:00 AM Secretary of State

DOCUMENT # P00000037370						Secretary of State			
THE RIDENTE GROUP, INC.									
Principal Plac	ce of Business	Mailing Address							
7755 N W 146 STREET 7755 N W 146 STREET MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016							111 BBCBs 14 C Bs 1111 		
2. Principal Place of Business 3. Mailing Address									
Suite, Apt	.₩, etc	Suite, Apt. #, etc.			01192005	Chg-P	CR2E034 (10/03)		
City & Sta							opiled For ot Applicable		
Zip	Country	Zip	Countr	у		f Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent Name						Address of New R	egistered Agent		
CANALS, RICARDO 7755 N W 146 STREET MIAMI LAKES, FL 33016					P.O. Box Number	is Not Acceptable	e)		
			[- 	City	<u></u>	<u> </u>	FL Zip Cod	ie	
	a named entity submits this statement fo tions of registered agent	r the purpose of changing its	registered	d office or register	ed agent, or both	, in the State of Flo	orida. I am familiar with	ал d acce pt	
SIGNATURE.	Signature, typed of printed name of registered agent	ind the Kappileable. (Not	E Registered	Agent signstere required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont			00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADD/TION\$/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	PD SIGN	☐ Delete	TITLE			Unner	☐ Change	Addition	
NAME STREET ADDRESS CITY- ST -ZIP	CANALS, RICK 6317 N.W. 173RD ST MIAMI, FL 33016		NAME STREET CITY-S	FADORESS ST-ZIP		01/29/05	10203523 5-80033-016 1	50,00	
TITLE	VD	☐ Delete	ταιτ				☐ Change	☐ Addition	
name Striet address City-St-Zip	RODRIGUEZ, TERESA 3495 WEST 13TH AVE. HIALEAH, FL 33012		NAME STREET CITY+S	ADDRESS ST-ZIP					
TITLE	TD	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME Street Address	RODRIGUEZ-REYES, DENISE 6137 N.W. 176TH TERRACE		NAME STREET	ADGRESS					
CITY ST-ZIP	MIAMI, FL 33015	·	CITY- S						
TITLE		☐ Delete	TITLE NAME				☐ Change	Addition	
STRUET ADDRESS CITY-ST ZIP				ADORESS IT-ZIP					
TITLE		☐ Delete	TITLE			 	☐ Change	Addition	
name Street address			name Street	ADDRESS				1	
C:TY-ST-ZIP		 	C:TY-S						
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CHY-ST-ZIP				ADDRESS I - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 each; that I am an officer or director of the opporation 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.									
SIGNAT	URE: SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFICER	DA DIRECTO	R	\ <u>\</u>	125/U C	Degline Phone #	6-06 00	