

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000037370

1. Entity Name
THE RIDENTE GROUP, INC.



Principal Place of Business
7755 N W 146 STREET
MIAMI LAKES, FL 33016

Mailing Address
7755 N W 146 STREET
MIAMI LAKES, FL 33016



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1003847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CANALS, RICARDO
7755 N W 146 STREET
MIAMI LAKES, FL 33016

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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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CANALS, RICK
STREET ADDRESS	6317 N.W. 173RD ST
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	VD
NAME	RODRIGUEZ, TERESA
STREET ADDRESS	3495 WEST 13TH AVE.
CITY-ST-ZIP	HAIALEAH, FL 33012
TITLE	TD
NAME	RODRIGUEZ-REYES, DENISE
STREET ADDRESS	6137 N.W. 176TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	SCTY
NAME	PEREZ, LISSETTE
STREET ADDRESS	8365 MENTEITH TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80015-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

TERESA RODRIGUEZ / 3/20/07 556-0606