2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90776 017 ***150.00

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DOCUMENT # P01000064126

1. Entity Name
RCA INTERENT, CORP.

Principal Place of Business	Mailing Address
782 NW 42ND AVE. SUITE #328 MIAMI, FL 33126	782 NW 42ND AVE. SUITE #328 MIAMI, FL 33126

2. Principal Place of Business		3. Mailing Address	
9450 NW 58 ST		9450 NW 58 ST	
Suite, Apt. #, etc. UNIDAD #101		Suite, Apt. #, etc. Unidad #101	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country	Zip 33178	Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1117511 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PADRON, JUAN JESUS 782 NW 42ND AVE. SUITE #328 MIAMI, FL 33126	Name PADRON, JUAN JESUS Street Address (P.O. Box Number is Not Acceptable) 9450 NW 58 ST Unidad #101 City MIAMI **FL** Zip Code 33178

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]
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, JUAN JESUS 9773 NW 45 LANE MIAMI, FL 33178	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PADRON, JUAN JESUS 9450 NW 58 ST UNIDAD #101 MIAMI, FL 33178	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, LUZ ELENA 9773 NW 45 LANE MIAMI, FL 33178	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PADRON, LUZ ELENA 9450 NW 58 ST UNIDAD #101 MIAMI, FL 33178	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] JUAN JESUS PADRON 04/28/04 (805) 629-9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #