2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 30, 2005 08:00 AM DOCUMENT # P02000048331 1. Entity Name **Secretary of State** RONNY ENTERPRISES INC. Principal Place of Business Mailing Address 1932-1934 NE 163RD ST NORTH MIAMI FL 33162 1150 NW 72ND AVE, #555 MIAMI FL 33126 2. Principal Place of Business \_\_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 27-0010035 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, YANET Street Address (P.O. Box Number is Not Acceptable) 302 EAST 3RD STREET SUITE 102 HIALEAH FL 33010 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 re-instating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TATLE Change ☐ Addition ☐ Delete TITLE RODRIGUEZ, YANET NAME NAME U00000280925 302 EAST 3RD STREET SUITE 102 STREET ADDRESS STREET ADDRESS 03/30/05-80041-002 150.00 HIALEAH FL 33010 CHY-ST ZIP CITY - ST - 7/P Change Addition TIFLE ☐ Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7P ☐ Delete Change \_\_\_ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP Change Addition TITLE ☐ Defete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete भाग Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-71P

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 and Rodnquer

SIGNATURE: