


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90008 041 ***150.00

DOCUMENT # P02000058755

1. Entity Name
RINALDI ENTERPRISE, INC.



Principal Place of Business
10400 N.W. 33 STREET
SUITE 270
MIAMI, FL 33170 US

Mailing Address
10400 N.W. 33 STREET
SUITE 270
MIAMI, FL 33170 US

2. Principal Place of Business
10400 N.W. 33 STREET

3. Mailing Address
10400 N.W. 33 STREET

Suite, Apt. #, etc.
SUITE 270

Suite, Apt. #, etc.
SUITE 270

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33172

Country
US

Zip
33172

Country
US

01302004 Chg-P CR2E034 (10/03)



4. FEI Number
54-2065017

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RINALDI, SERGIO
10400 N.W. 33 STREET
SUITE 270
MIAMI, FL 33170

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

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	DPT RINALDI, SERGIO 10400 N.W. 33 STREET, SUITE 270. MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RINALDI, SERGIO 10400 N.W. 33 STREET, SUITE 270 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RINALDI, JORGE 10400 N.W. 33 STREET, SUITE 270 MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RINALDI, JORGE 10400 N.W. 33 STREET, SUITE 270 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINALDI, CARMEN P 10400 N.W. 33 STREET, SUITE 270 MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINALDI, CARMEN P. 10400 N.W. 33 STREET, SUITE 270 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jorge Rinaldi **01/30/2004** **(305) 3354408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #