

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90105 006 ***150.00

DOCUMENT # P02000058755

1. Entity Name
RINALDI ENTERPRISE, INC.



Principal Place of Business
**10400 NORTHWEST 33 STREET
SUITE 270
MIAMI, FL 33170 US**

Mailing Address
**10400 NORTHWEST 33 STREET
SUITE 270
MIAMI, FL 33170 US**

50011371



2. Principal Place of Business
**10400 NW 33 street
Suite, Apt. #, etc.
suite 270**

3. Mailing Address
**10400 NW. 33 street
Suite, Apt. #, etc.
suite 270**

03292006 Chg-P CR2E034 (11/05)

City & State
**DORAL, FL.
Zip 33172 Country US**

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**DORAL, FL.
Zip 33172 Country US**

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 NORTHWEST 33 STREET
MIAMI, FL 33172**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	RINALDI, SERGIO	
STREET ADDRESS	10400 N.W. 33 STREET, SUITE 270	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	RINALDI, JORGE	
STREET ADDRESS	10400 N.W. 33 STREET, SUITE 270	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RINALDI, CARMEN P	
STREET ADDRESS	10400 N.W. 33 STREET, SUITE 270	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sergio Rinaldi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-2006 *305 335 1871*
Date Daytime Phone #