

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91027 028 \*\*\*150.00

**DOCUMENT # P02000074562**

1. Entity Name  
**R.L.A. INVESTMENTS CORP.**



Principal Place of Business <b>6190 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024 US</b>	Mailing Address <b>6190 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024 US</b>
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2. Principal Place of Business <b>1319 B N STATE RD 7</b>	3. Mailing Address <b>NORTH 1319 B STATE RD 7</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLLYWOOD FL</b>	City & State <b>HOLLYWOOD FL</b>
Zip <b>33021</b>	Zip <b>33021</b>
Country	Country



04242004 Chg-P CR2E034 (10/03)

4. FEI Number <b>43-1967783</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THOMPSON, DISNEY D ESQ.  
169 EAST FLAGLER STREET  
SUITE 1527  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, RODOLFO L			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET #1527			STREET ADDRESS			
CITY- ST- ZIP	MIAMI, FL 33131			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRERO-LEON, ARACELY			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET #1527			STREET ADDRESS			
CITY- ST- ZIP	MIAMI, FL 33131			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRERO, RODOLFO L			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET #1527			STREET ADDRESS			
CITY- ST- ZIP	MIAMI, FL 33131			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEON-BARRERO, JENNY A			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET #1527			STREET ADDRESS			
CITY- ST- ZIP	MIAMI, FL 33131			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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: *Rodolfo L. Alvarez* **4-29-04** **954** **983-4218**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #