


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

06-14-2006 90005 039 \*\*\*150.00

<b>DOCUMENT # P02000077914</b> 1. Entity Name <b>RGF CORPORATION</b>					
Principal Place of Business <b>2601 SOUTH BAYSHORE DR 1200 MIAMI, FL 33133</b>			Mailing Address <b>2601 SOUTH BAYSHORE DR 1200 MIAMI, FL 33133</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>06-1639634</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>EDUARDO FERNANDEZ, P.A. 4100 S W 57 AVE MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LONDRES, RODRIGO M</b> <input type="checkbox"/> Delete <b>2601 SOUTH BAYSHORE DR., #1200</b> <b>MIAMI, FL 33133</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2851 NW 107th Ave</b> <b>DOCK, FL 33132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AFFONSO, LUIZ G</b> <input type="checkbox"/> Delete <b>2601 SOUTH BAYSHORE DR., #1200</b> <b>COCONUT GROVE, FL 33133</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2851 NW 107th Ave</b> <b>DOCK, FL 33132</b>	
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	
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	
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	
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 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

2699 s. bayshore drive  
miami, florida 33133

305 858 5600  
305 856 3284 fax

www.kaufmanrossin.com

ATTACHMENT

40095512

# P02000077914

June 6, 2006

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

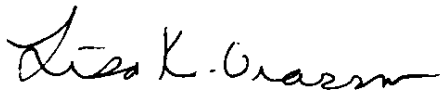
Re: Keikocorp.  
EIN: 06-1639634

Dear Sir or Madam:

Enclosed is the completed Uniform Business Report along with a check in the amount of \$150.00. Kindly waive the late fee due to the fact that the original report was not received and that we have always complied in the past.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,



Lisa K. Grossman  
Kaufman, Rossin & Co.

Enclosures

**KAUFMAN  
ROSSIN &  
CO.** PROFESSIONAL  
ASSOCIATION  
CERTIFIED PUBLIC ACCOUNTANTS