

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000041200**

1. Entity Name  
R AND G INVESTMENT OF MIAMI, INC.



Principal Place of Business  
461 E HIALEAH DRIVE  
HIALEAH, FL 33010

Mailing Address  
461 E HIALEAH DRIVE  
HIALEAH, FL 33010



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3753021

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

QUIRIELLO, RAYNELL  
461 E HIALEAH DRIVE  
HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000213750  
02/03/05-80085-002 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	QUIRIELLO, RAYNELL
STREET ADDRESS	461 E HIALEAH DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	D
NAME	GALARDI, ESIO
STREET ADDRESS	461 E HIALEAH DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*RAYNELL QUIRIELLO* 1/31/05