




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90025 045 \*\*\*150.00

<b>DOCUMENT # P03000061112</b> 1. Entity Name <b>RHG EXPRESS, INC.</b>			
Principal Place of Business <b>9005 SW 36 STREET</b> <b>MIAMI, FL 33165</b>		Mailing Address <b>9005 SW 36 STREET</b> <b>MIAMI, FL 33165</b>	
2. Principal Place of Business <b>14121 SW 66th Street</b> Suite, Apt. #, etc. <b>G3</b>		3. Mailing Address <b>14121 SW 66th Street</b> Suite, Apt. #, etc. <b>G3</b>	
City & State <b>Miami Florida</b>		City & State <b>Miami Florida</b>	
Zip <b>33183</b>	Country <b>USA</b>	Zip <b>33183</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>OBREGON, CARLOS L</b> <b>8100 SW 19 STREET</b> <b>MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>Roberto-Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>14121 SW 66th Street</b> <b>G3</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33183</b>	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P <b>HERNANDEZ, ROBERTO</b> <input checked="" type="checkbox"/> Delete <b>9005 SW 36 STREET</b> <b>MIAMI, FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HERNANDEZ ROBERTO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>14121 SW 66th Street #G3</b> <b>Miami Florida 33183</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
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

04041000



03292004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0925617** Applied For  
Not Applicable

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