

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000078972

1. Entity Name

R & D OF SOUTH FLORIDA, CORP.



Principal Place of Business

**720 EAST 15 PLACE
HIALEAH FL 33010**

Mailing Address

**720 EAST 15 PLACE
HIALEAH FL 33010**



1st MOORE

CR2E034 (10/05)

4. FEI Number **90-0099619**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARCAUTE, ENRIQUE O
720 EAST 15 PLACE
HIALEAH FL 33010**

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

Signature: typed or printed name of registered agent and file a application

(NOTE: Registered Agent signature required when reinstating)

DATE

**1100000413672
02/11/06-80003-020 150.00**

FILE NOW!!! FEE IS \$150.00 ✓ CL#1270

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
ARCAUTE, ENRIQUE O
720 EAST 15 PLACE
HIALEAH FL 33010**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVT
SALGADO-ARCAUTE, MIRTHA E
720 EAST 15 PLACE
HIALEAH FL 33010**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MIRTHA E. SALGADO ARCAUTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06
Date

305-884-2633
Daytime Phone #