2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 14, 2004 8:00 am Secretary of State DOCUMENT # P03000688945 03-31-2004 90035 040 \*\*\*150.00 R & G HUNTING LODGE, INC. Principal Place of Business Mailing Address 9001 SW 152ND STREET MIAM! FL 33157 9001 SW 152ND STREET **MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FELNumber 90-010.5 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANDE, RUSSELL 9001 SW 152ND STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 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 SIGNATURE Signature, typed or ponted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change MANE GRANDE, RUSSELL ☐ Addition MAG STREET ADDRESS 9001 SW 152ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-S1-ZIP TITLE Delete TITLE Change ☐ `Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change NAME ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete ☐ Change ☐ 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(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 accurate this empowered.

**FILED**