

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90529 041 \*\*\*150.00

**DOCUMENT # P03000092027**

1. Entity Name  
**DITTO RKV, INC.**



Principal Place of Business Mailing Address  
 947 ISLA RD. 947 ISLA RD.  
 BOYNTON BCH, FL 33435 BOYNTON BCH, FL 33435

**54041260**



2. Principal Place of Business 3. Mailing Address  
 30 Southdown CT 947 ISLES RD.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State City & State  
 Rockville, MD Boynton Bch, FL  
 Zip Country Zip Country  
 20850 US 33435 US

4. FEI Number Applied For  
 20-0172249 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RODRIGUEZ, JOSE  
 947 ISLA RD.  
 BOYNTON BCH, FL 33435

7. Name and Address of New Registered Agent  
 Name Jose Rodriguez  
 Street Address (P.O. Box Number is Not Acceptable)  
 947 ISLES RD.  
 City Boynton Beach, FL Zip Code 33435

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 *Jose Rodriguez, Pres.* DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
 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 P NAME RODRIGUEZ, JOSE STREET ADDRESS 947 ISLA RD. CITY-ST-ZIP BOYNTON BCH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME LEZCANO, FRANK STREET ADDRESS 2175 NW 13TH ST. CITY-ST-ZIP MIAMI, FL 33125	<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
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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: *Jose Rodriguez* DATE: 4-19-04 501-248-4632  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #