

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050202

FILED  
May 01, 2006  
Secretary of State

Entity Name: R&G DISABILITY SOLUTIONS, INC.

**Current Principal Place of Business:**

13876 SW 56TH STREET  
266  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

13876 SW 56TH STREET  
266  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 20-0885334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGUILAR, OSCAR R  
11890 SW 8TH STREET  
PENTHOUSE VII  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

O & P TAX ACCOUNTING CORP  
11890 SW 8TH STREET  
PENTHOUSE VII  
MIAMI, FL 33184 US

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.

SIGNATURE: PAULA I AGUILAR      05/01/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ESPINOZA, ROBERT M  
Address: 13876 SW 56TH STREET # 266  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: ESPINOZA, ERIKA K  
Address: 13876 SW 56TH STREET # 266  
City-St-Zip: MIAMI, FL 33175 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. ESPINOZA      P      05/01/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date