


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

**FILED**  
05 MAY - 4 PH 5:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000089792**

1. Entity Name  
**TRG - FT. MYERS, INC.**



Principal Place of Business <b>2828 CORAL WAY PH STE MIAMI, FL 33145</b>	Mailing Address <b>2828 CORAL WAY PH STE MIAMI, FL 33145</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02102005    Chg-P    CR2E034 (10/03)

4. FEI Number <b>20-1225260</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HERNANDEZ, ANGEL A  
2828 CORAL WAY PH STE  
MIAMI, FL 33145**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete	NAME <b>PEREZ, JORGE M</b> STREET ADDRESS <b>2828 CORAL WAY PH STE</b> CITY-ST-ZIP <b>MIAMI, FL 33145</b>
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME <b>PEREZ, JORGE M.</b> STREET ADDRESS <b>2828 CORAL WAY - PH 1</b> CITY-ST-ZIP <b>MIAMI FL 33145</b>
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME <b>ROCHA, ROBERTO</b> STREET ADDRESS <b>2828 CORAL WAY - PH 1</b> CITY-ST-ZIP <b>MIAMI FL 33145</b>
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME <b>HERNANDEZ, ANGEL</b> STREET ADDRESS <b>2828 CORAL WAY - PH 1</b> CITY-ST-ZIP <b>MIAMI FL 33145</b>
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME <b>ALLEN, MATT</b> STREET ADDRESS <b>2828 CORAL WAY - PH 1</b> CITY-ST-ZIP <b>MIAMI FL 33145</b>
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME <b>300054342683</b> STREET ADDRESS <b>05/12/05--01078--003</b> CITY-ST-ZIP <b>**1743.75</b>
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME STREET ADDRESS 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 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: *Angel Hernandez*      **ANGEL HERNANDEZ**      **VICE-PRESIDENT**      3/16/05      (305) 460-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

5/10/05