


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90024 012 ***150.00

DOCUMENT # P04000169414	
1. Entity Name R.C. HOLDINGS OF COCOA BEACH, INC.	

Principal Place of Business 316 S DORSET DRIVE COCOA BEACH, FL 32931	Mailing Address 316 S DORSET DRIVE COCOA BEACH, FL 32931
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50056239



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1934 Suite, Apt. #, etc.
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07012005 Chg-P CR2E034 (10/03)

City & State CAPE CANAVERAL FL	4. FEI Number 20-3155893	Applied For Not Applicable
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Zip 32920	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YARDLEY, THOMAS H 1970 MICHIGAN AVENUE BUILDING D COCOA, FL 32922	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISNEROS, BYRON 316 S. DORSET DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V CISNEROS, BYRON P.O. BOX 1934 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISNEROS, ROCHELLE 316 S. DORSET DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T CISNEROS, ROCHELLE P.O. BOX 1934 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CISNEROS, NATALIE 316 S DORS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ S CISNEROS, NATALIE P.O. BOX 1934 CAPE CANAVERAL FL 32920 <input type="checkbox"/> Change <input checked="" 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
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.

Byron Cisneros 7/18/05