


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 033 ***150.00

DOCUMENT # P05000043117 --

1. Entity Name
R H MARKETING INC.



Principal Place of Business
**2332 GALIANO STREET
CORAL GABLES, FL 33134**

Mailing Address
**2332 GALIANO STREET
CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #
9600 NW 25 ST

3. Mailing Address
9600 NW 25 ST

Suite, Apt. #, etc.
4G

Suite, Apt. #, etc.
4G

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33172

Country

Zip
33172

Country

40011444



01142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**RIVODO, ANTONIO J.
2332 GALIANO STREET
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
ANTONIO J RIVODO

Street Address (P.O. Box Number is Not Acceptable)
9600 NW 25 ST 4G

City
MIAMI

FL Zip Code
33172

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 *Antonio Rivodo* **Antonio Rivodo President** **01/22/08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	DP RIVODO, ANTONIO J. 11601 NW 48TH LANE DORAL, FL 33178 <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	DVP TINEO, HERMELICE 11601 NW 48TH LANE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HERMELICE TINEO 11223 NW 53 lane Doral FL 33178 <input checked="" 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
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 exemptions contained 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 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 *Antonio Rivodo* **Antonio Rivodo** **01/22/08** **305-992-2599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR