## FILED Mar 30, 2006 8:00 am Secretary of State

i	ANNUAL REPORT	1
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DOCU 1. Entity Nam RINCON	ne	# P0500012 INO INC.	7344				03-30-2006	90018 024 ***15	0.00
Principal Plac	o of Rusines		Mailing Address			* UNA 1	. •		
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6741 S W 24	ATH ST			6741 S W 24TH ST			•		
MIAMI, FL 3:	3155		MIAMI, FL 33155			•			
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2. Principal P	lace of Busin	ness	3. Mailing Address						
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			0 11- A # -1-						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01222006	Chg-P	CR2E034 (11/05)	
						<u> </u>			
City & Stat	e		City & State			4. FEI Numbe	シェスタロロ	124 AF	pplied For
·						$ O_I $	COY 7	77   No	t Applicable
Zip		Country	Zip	Count	Ŋ			\$8.75 Add	fitional
•		,	·		•	5. Certificate of Status Desired Fee Required			
	C Name	and Address of Curren	ot Registered Agent	<del></del>		7 Name and	Address of New R	<del></del>	
	Q, Name	and Address of Curren	it Registered Agent		N	7. Name and	AGGIESS OF NEW IN	agistered Agent	
					Name				
MORENO,				ŀ	Ctanat Address 6	s (P.O. Box Number is Not Acceptable)			
9225 S W	41ST TEF	₹R			201990 Address (	(P.O. DOX NURIDE	ris Not Acceptable	<del>=</del> )	Į.
MIAMI, FL	33165			}					-
		,							
				ŀ	City	<del></del>		Zip Cod	Δ.
		ા <u>ની</u>			City			FL Zip Cod	•
9. The above	named entit	v submite this statement :	for the purpose of changing its	e ropietoro	d office or register	red agent, or hoti	in the State of Ek	orida. Lam familiar with	and accent
	tions of regist		to the purpose of changing its	s registere	id office of register	red agent, or both	i, in the State of the	Alda. Tallitallilla: Willi,	and accept
the obligat	lions or regis	leteo agent.							
CIONATURE		•							i
SIGNATURE_	Signature typed	or printed name of registered age:	nt and title if applicable (NO)	TF: Registered	Agent signature required	d when reinstating)		DATE	
	Oig-tio-c, typeo		(12						
FIL	E NOW!!!	FEE IS \$150.00	9. Election Campa			.00 May Be			
After Ma	ay 1, 200	6 Fee will be \$550	1.00 Trust Fund Con	itribution.	☐ Ádd	led to Fees			
		05510550 111	D DIDECTORS			4 DESTRUCTION OF	OLIANOFO TO OFF	HOEDE AND DIDECTOR	CINITA
10.	<del></del>	OFFICERS ANI		11.	<del></del>	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE	DPS Delete TITL							Change	Addition
NAME	MORENO, JOSE M NAM			NAME	:				
STREET ADDRESS	9225 S W	41ST TERR		STREI	ET ADDRESS				
CITY-ST-ZIP	MIAMI FI	33165			ST-ZIP				
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NAME	MORENO, DIMAS E			NAME					
STREET ADDRESS	9225 S W	41ST TERR		STRE	ET ADDRESS				
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STREET ADDRESS					ET ADDRESS				'
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12. I hereby	certify that th	e information supplied w	ith this filing does not qualify	for the exe	emptions containe	d in Chapter 119	, Florida Statutes.	I further certify that the i	nformation
l indicated	d on this repo	ort or supplemental report	t is true and accurate and that	my signal	ture ishali nave the	ı same legal ellec	t as il made under	oatn; that I am an office	r or director
			npowered to execute this report s, with all other like empowere		reality Chapter 60	, Fighua Statute	s, and matriny field	ic cupocais #I DIUUN 10 0	I DIOCK ITH
Situation	., 5. 5. 1411 411				1 4		_ /	· . /	
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CICALAT	rupe.	' . Me	moreall		1960:6	02/4)	.3/1	5 <b>,06</b>	
SIGNAT	rure: _	` JOS€	MORENO R PRINTED NAME OF SIGNING OFFICE	D AD DIRECT	1360:4	OrM)	3/1.	5 06 Daytime Phone #	<del></del>