## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 30, 2008 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P06000105677  1. Entity Name RCI HOSPITALITY, INC.			Secretary of Sta	
300 ALTON ROAD Suite 303		Mailing Address 300 ALTON ROAD SUITE 303 MIAMI BEACH, FL 33139		
2	O NOT WRITE	IN THIS SPA	CE	04292008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable
		right for the first of the		5. Certificate of Status Desired See Required Fee Required
300 ALTO SUITE 303 MIAMI BE	3 ACH, FL 33139			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing  \$5.00 May Be				
After Ma	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.		led to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D CHRISTOPH, ROBERT W 300 ALTON ROAD #303 MIAMI BEACH, FL 33139	RECTORS	and the second	Ü <u>0</u> 00000937501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPH, ROBERT W JR. 300 ALTON ROAD #303 MIAMI BEACH, FL 33139		tine of the second	U5/21/U8-8UUSI-UU8 6UU.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TAGENT SOL	DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				INTHIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 empended 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.				

SIGNING OFFICER OR DIRECTOR