
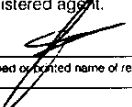


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90033 017 ***150.00

DOCUMENT # P06000125568 1. Entity Name RGB ENGINEERING PROFESSIONAL ASSOCIATION																											
Principal Place of Business 13864 SW 90 AVE., #LL 108 MIAMI, FL 33176		Mailing Address 13864 SW 90 AVE., #LL 108 MIAMI, FL 33176																									
2. Principal Place of Business - No P.O. Box # 8772 S.W. 143 STREET		3. Mailing Address 8772 S.W. 143 STREET																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA																									
Zip 33176-7233		Zip 33176-7233																									
Country MIAMI-DADE		Country MIAMI-DADE																									
4. FEI Number 87-0788253		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., STE. 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent Name RICCARDO GASPARINI Street Address (P.O. Box Number is Not Acceptable) 8772 S.W. 143 STREET City MIAMI FL 33176-7233																									
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: 4-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GASPARINI, RICCARDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13864 SW 90 AVE., #LL 108</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> <td></td> </tr> </table>		TITLE	DPST	<input type="checkbox"/> Delete	NAME	GASPARINI, RICCARDO		STREET ADDRESS	13864 SW 90 AVE., #LL 108		CITY-ST-ZIP	MIAMI, FL 33176		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GASPARINI, RICCARDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8772 S.W. 143 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FLORIDA 33176-7233</td> <td></td> </tr> </table>		TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GASPARINI, RICCARDO		STREET ADDRESS	8772 S.W. 143 STREET		CITY-ST-ZIP	MIAMI, FLORIDA 33176-7233	
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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: RICCARDO GASPARINI, PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-14-08 Daytime Phone #: (305) 496-6519																									