


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000051400

1. Entity Name
R.G. HOLDING GROUP, INC.



Principal Place of Business 11050 NW 36 AVE MIAMI, FL 33167	Mailing Address 11050 NW 36 AVE MIAMI, FL 33167
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0510940	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, RENE A
11050 NW 36 AVE
MIAMI, FL 33167

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUERRA, RENE A 650 LEUCADENDRA DR CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUERRA, MARTA D 650 LEUCADENDRA DR CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRA, RENE L 12740 S.W. 62ND AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/24/05-80039-025 150.00

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IN THIS SPACE**

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.

SIGNATURE: _____ Date: 3/24/05 Daytime Phone #: 205 552-0962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR