

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000084448

1. Entity Name
R.R.C. ENTERPRISES, INC.



Principal Place of Business
**2100 N.W. 20TH ST.
MIAMI, FL 33142**

Mailing Address
**2100 N.W. 20TH ST.
MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0453940

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RONDONA, RUBEN
2100 N.W. 20TH ST.
MIAMI, FL 33142**

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 _____
Signature (holder or principal or registered agent or the incorporator) (FCI) Registered Agent signature required when changing

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RONDONA, RUBEN
STREET ADDRESS	2100 N.W. 20TH ST.
CITY ST ZIP	MIAMI, FL 33142
TITLE	P
NAME	RONDONA, OLGA
STREET ADDRESS	2100 N.W. 20TH ST.
CITY ST ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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02/23/04-80083-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ruben Rondona* **RUBEN RONDONA** 02/18/2004 (305) 545-5988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year