

2004 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P93000086069

1. Entity Name
RCI CHARTERS, INC.



Principal Place of Business
300 ALTON ROAD, SUITE 303
MIAMI BEACH, FL 33139

Mailing Address
300 ALTON ROAD, SUITE 303
MIAMI BEACH, FL 33139

FILED
04 APR 30 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0462963
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEARNS, JOHN W ESQUIRE
431 GERONA AVENUE
CORAL GABLES, FL 33146

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

000035796040
05/10/04--01022--024 **800.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHRISTOPH, ROBERT
STREET ADDRESS 1450 MERIDIAN AVENUE, SUITE 9
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SD
NAME KEARNS, JOHN W
STREET ADDRESS 431 GERONA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.04

Date

305-672-5588

Daytime Phone #