

ANNUAL REPORT (AR)**DOCUMENT # P94000022322**

1. Entity Name

RINCON ENTERPRISES, INC.

**FILED**
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

971 SW 8 ST
MIAMI FL 33130

Mailing Address

971 SW 8 ST
MIAMI FL 33130

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0368775

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEFABIO, GEORGE J
2121 PONCE DE LEON BLVD.
430
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2007 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
RINCON, CARLOS H
971 SW 8TH ST.
MIAMI FL 33130 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000611867
02/02/07-80080-013 150.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
MANRIQUE AVILA, NECXON
971 SW 8 ST
MIAMI FL 33130 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
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CITY - ST - ZIP
S
COTO, MARIO
971 SW 8 ST
MIAMI FL 33130 ☐ DeleteTITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #