

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90023 001 \*\*\*150.00

**DOCUMENT # P96000004514**

1. Entity Name  
R.H.V. OF MIAMI, INC.



Principal Place of Business  
2734 N.W. 22 AVENUE  
MIAMI, FL 33142

Mailing Address  
2734 N.W. 22 AVENUE  
MIAMI, FL 33142

40062600



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
65-0671123

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

VILLALONGA, REGINO H  
2734 N.W. 22 AVENUE  
MIAMI, FL 33142

Name ANA E. RODRIGUEZ

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

3605 E 2ND AVE

City HIALEAH

FL

Zip Code 33013

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

*Ana E. Rodriguez*

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

(NOTE: Registered Agent signature required when reinstating)

04/02/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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 PSTD  
STREET ADDRESS VILLALONGA, REGINO H  
CITY-ST-ZIP 2734 N.W. 22 AVENUE  
MIAMI, FL 33142 ☐ Delete

TITLE  
NAME VILLALONGA, REGINO H. ☒ Change ☐ Addition  
STREET ADDRESS 3605 E 2ND AVE  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE  
NAME VP  
STREET ADDRESS RODRIGUEZ, ANA E  
CITY-ST-ZIP 3605 E 2ND AVE  
HIALEAH, FL 33013 ☐ Delete

TITLE  
NAME VP/TS ☒ Change ☐ Addition  
STREET ADDRESS RODRIGUEZ, ANA E  
CITY-ST-ZIP 3605 E 2ND AVE  
HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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 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:

*Ana E. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Vice President 04/02/08 305-796-1495*