

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90001 044 \*\*\*550.00

**DOCUMENT # P96000100335**

1. Entity Name

**RENAL LAND HOLDINGS CORPORATION**



Principal Place of Business

**3006 AVIATION AVENUE  
SUITE 4A  
MIAMI FL 33133**

Mailing Address

**3006 AVIATION AVENUE  
SUITE 4A  
MIAMI FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0718937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALVEZ, OSCAR  
3006 AVIATION AVENUE  
SUITE 4A  
MIAMI FL 33133**

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, 2005 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  
☐ Delete

**PD  
GALVEZ, OSCAR  
310 LOS PINOS PLACE  
CORAL GABLES FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**SD  
DUMENIGO, FEDERICO  
1325 S.W. 1 STREET  
MIAMI FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**TD  
GARICA-MAYOL, LUIS  
8460 S.W. 100 STREET  
MIAMI FL 33150**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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:** *Monica J. Frawley* **MONICA J. FRAWLEY** *04/20/05* **305-854-1024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #