

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90044 049 \*\*\*150.00

<b>DOCUMENT # P97000022370</b>					
<b>1. Entity Name</b> R & C PREMIER SALES, INC.					
<b>Principal Place of Business</b> 5301 SW 8 STREET MIAMI, FL 33134			<b>Mailing Address</b> 5301 SW 8 STREET MIAMI, FL 33134		
<b>2. Principal Place of Business</b> 782 N.W. 42ND AVE Suite, Apt. #, etc. 628		<b>3. Mailing Address</b> 782 NW 42ND AVE Suite, Apt. #, etc. 628			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 65-0792909	
<b>Zip</b> 33126		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OTERO, JOSE 5301 SW 8ST MIAMI, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name OTERO, JOSE Street Address (P.O. Box Number Is Not Acceptable) 782 NW 42ND AVE SUITE 628 City MIAMI FL Zip Code 33126		
<b>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.</b> SIGNATURE <u>JOSE OTERO</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$850.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -</b>		
<b>TITLE</b> D	<b>NAME</b> RODRIGUEZ, CARLOS		<b>TITLE</b> PRESIDENT	<b>NAME</b> RODRIGUEZ, CARLOS	
<b>STREET ADDRESS</b> 5301 SW 8 ST	<b>STREET ADDRESS</b> MIAMI, FL 33134		<b>STREET ADDRESS</b> 782 NW 42ND AVE, SUITE 628	<b>STREET ADDRESS</b> MIAMI, FL 33126	
<b>CITY-ST-ZIP</b> MIAMI, FL 33134	<b>CITY-ST-ZIP</b> MIAMI, FL 33134		<b>CITY-ST-ZIP</b> MIAMI, FL 33126	<b>CITY-ST-ZIP</b> MIAMI, FL 33126	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>CARLOS RODRIGUEZ</u> <span style="float: right;"><u>305-648-2800</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					