
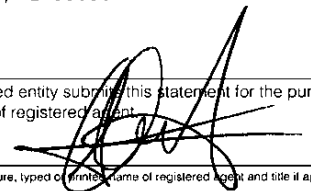
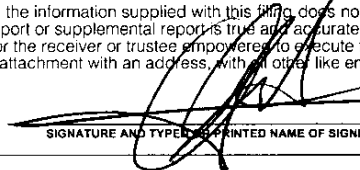


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 12 PM 3:00

pg 1 of 2

DOCUMENT # P97000060782					
1. Entity Name 2 RC, INC.					
Principal Place of Business 5992 SOUTHWEST 112 TERRACE COOPER CITY, FL 33330			Mailing Address 5992 SOUTHWEST 112 TERRACE COOPER CITY, FL 33330		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0772887	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEMA, CLARA V 5992 SOUTHWEST 112 TERRACE COOPER CITY, FL 33330				7. Name and Address of New Registered Agent Name RAUL QUIROGA Street Address (P.O. Box Number is Not Acceptable) 717 SW 757 City HALLANDALE - FL FL Zip Code 33009	
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  RAUL QUIROGA DATE 12/01/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD QUIROGA, RAUL I 5992 SOUTHWEST 112 TERRACE COOPER CITY, FL 33330	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENTS RAUL QUIROGA 717 SW 757 HALLANDALE - FL - 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEMA, CLARA V 5992 SOUTHWEST 112 TERRACE COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAUL QUIROGA 717 SW 757 FL - 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138984963 12/12/08--01035--005 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.					
SIGNATURE:  RAUL QUIROGA President 12/2/08 (305) 2002056 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

REINSTATEMENT 08

07/22/08 Orig-F CR2E034(4/2/06)

DEAR SIR :

SORRY FOR THE DELAY ON FORWARDING THIS INFORMATION BUT UNFORTUNATELY WE JUST GOT DIVORCED (PRESIDENT AND VICE PRESIDENT) AND ALSO ~~WE~~ I DID MOVE FROM MY FORMER ADDRESS.

IF YOU HAVE ANY FURTHER QUESTIONS PLEASE CONTACT ME AT (301) 2002056

Sincerely Paul Quin.