ANNUAL REPORT

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DOCUMENT # P98000042261

1. Entity Name R.G.V., INC.



Principal Place of Business

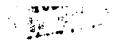
16338 NORTHWEST 86TH COURT MIAMI, FL 33016

Mailing Address

16338 NORTHWEST 86TH COURT MIAMI, FL 33016

FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90115 030 ***150.00





02232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0838838 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARRON, ORLANDO 10556 NW 26TH STREET SUITE 203 MIAMI, FL 33172

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title I	applicable. (NOTE: Registered	Agent stoneture	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLAR, REINALDO 16338 NW 86 COURT MIAMI, FL 33016					
TITLE NAME STREET ADDRESS	ST VILLAR, NERY 16338 NW 86 CT.					

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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 wither like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 330166146

TURE AND TYPED OR PRINTED HAME OF BICHMIG OFFICER OF DIRECTOR

305-825-7780

Daytime Phone #