

2004 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P98000087582

1. Entity Name
RCI-DINNER KEY, INC.



Principal Place of Business
**300 ALTON RD, STE 303
MIAMI BEACH, FL 33139**

Mailing Address
**300 ALTON RD, STE 303
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE

FILED

04 APR 30 PM 12:16



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0875213	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KEARNS, JOHN W ESQ.
431 GERONA AVE
CORAL GABLES, FL 33146**

DO NOT WRITE
IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

700035796077
FIS/10/04--01022--024 **800.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHRISTOPH, ROBERT W
STREET ADDRESS	300 ALTON RD, STE 303
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: *Robert W Christoph* **4-22-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.672.5588
Date Daytime Phone #

TR