


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000039396
 1. Entity Name
RIGOBERTO REGUERO CORP.



Principal Place of Business: **1800 SW 1ST ST. SUITE 201 MIAMI FL 33135**
 Mailing Address: **1800 SW 1ST ST. SUITE 201 MIAMI FL 33135**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number: **65-0917250** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Name and Address of Current Registered Agent: **REGUERO, RIGOBERTO 420 SW 49 AVE. MIAMI FL 33134**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ 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, 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: PD NAME: REGUERO, RIGOBERTO STREET ADDRESS: 420 SW 49TH AVE CITY-ST-ZIP: MIAMI FL 33134	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 1100000343326 04/23/05-80091-008 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: REGUERO, ESTRELLA A STREET ADDRESS: 420 SW 49TH AVE CITY-ST-ZIP: MIAMI FL 33134	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Rigoberto Reguero** **04/15/05** **(305) 649-1700**
Signature and typed or printed name of signing officer or director Date Daytime Phone #