

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90451 043 ***150.00

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1. Entity Name
RN CONSULTING, INC.



Principal Place of Business
14415 SW 88TH ST
UNIT G403
MIAMI, FL 33186

Mailing Address
113 N FEDERAL HWY
DANIA BEACH, FL 33004

14016758



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0925915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, GERALD J
113 N FEDERAL HWY
DANIA BEACH, FL 33004

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	GONZALEZ, ANDREA
STREET ADDRESS	14415 SW 88TH ST UNIT G403
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	GONZALEZ, ANDREA
STREET ADDRESS	14415 SW 88TH ST UNIT G403
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T
NAME	GONZALEZ, MILAGROS
STREET ADDRESS	14415 SW 88TH ST UNIT G403
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	QUILES, MARGARITA
STREET ADDRESS	14415 SW 88TH ST UNIT G403
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

GERALD ADAMS - REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

Daytime Phone # _____