2007 FOR PROFIT CORPORATION

FILED Apr 06, 2007 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P99000054304** 1. Entity Name R.G.R. ENTERPRISES, INC. Principal Place of Business Mailing Address 10725 SW 216 ST 10725 SW 216 ST **UNIT 308 UNIT 308** MIAMI, FL 33170 MIAMI, FL 33170 03272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0936464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, JORGE M 10725 SW 216 ST **UNIT 308** IN THIS SPACE MIAMI, FL 33170 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, JORGE M NAME 10725 SW 216 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33170 VP TITLE GUERRA, ELENA R NAME STREET ADDRESS 10725 SW 216 ST MIAMI, FL 33170 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 other like empowered.

SIGNATURE:

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

OF SIGNING OFFICER OR DIRECTOR