


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000063669 1. Entity Name R.F. FINANCIAL ENTERPRISES, INC.	
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Principal Place of Business 10421 S.W. 20TH STREET MIAMI, FL 33165	Mailing Address P O BOX 145150 CORAL GABLES, FL 33114-5150
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0981678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUETO, MARIA C 717 PONCE DE LEON BLVD. #234 CORAL GABLES, FL 33134

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RODRIGUEZ, BERTA F 935 MAJORCA CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RODRIGUEZ, BERTA M 732 ALHAMBRA CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ARTIME, MARIA C 10421 S.W. 20TH ST. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RODRIGUEZ, ROBERTO 935 MAJORCA CORAL GABLES, FL 33134
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: Berta Rodriguez Berta F. Rodriguez 1/18/05 (305) 445 9268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #