2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P99000063669

Entity Name: R.F. FINANCIAL ENTERPRISES, INC.

Current Principal Place of Business:

10421 S.W. 20TH STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

P O BOX 145150
CORAL GABLES, FL 331145150

New Mailing Address:

FEI Number: 65-0981678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUETO, MARIA C
717 PONCE DE LEON BLVD. #234
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	RODRIGUEZ, BERTA F	
Address:	935 MAJORCA	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	DT	( ) Delete
Name:	RODRIGUEZ, BERTA M	
Address:	732 ALHAMBRA	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	DS	( ) Delete
Name:	ARTIME, MARIA C	
Address:	10421 S.W. 20TH ST.	
City-St-Zip:	MIAMI, FL 33165	
Title:	DV	( ) Delete
Name:	RODRIGUEZ, ROBERTO	
Address:	935 MAJORCA	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	RODRIGUEZ, BERTA M	
Address:	11490 S.W. 103 ST.	
City-St-Zip:	MIAMI, FL 33176	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C. ARTIME DS 01/14/2009

Electronic Signature of Signing Officer or Director — Date