

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90005 015 \*\*\*150.00

**DOCUMENT # P99000081684**

1. Entity Name

**THE MCDONNOUGH'S INVESTMENT GROUP,  
INCORPORATED**



Principal Place of Business

**WESTBIRD SHOPPING CENTER  
11423 SW 40TH STREET  
MIAMI FL 33165**

Mailing Address

**19954 NW 2ND AVE  
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

**11423 SW 40th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

Country

Zip

Country

**33165**

**USA**

4. FEI Number

**65-1004080**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONNOUGH, RUDYARD  
21014 NE 32 AVE  
MIAMI FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

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**

**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

TITLE PD ☐ Delete  
NAME MCDONNOUGH, RUDYARD  
STREET ADDRESS 21014 NE 32 AVE  
CITY-ST-ZIP MIAMI FL 33180

TITLE VPSD ☐ Delete  
NAME MCDONOUGH, RICHARD W  
STREET ADDRESS 16235 SW 97TH ST  
CITY-ST-ZIP MIAMI FL 33196

TITLE VPD ☐ Delete  
NAME MCDONOUGH, RUDYARD JR  
STREET ADDRESS 14321 SW 88TH STREET APT F202  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**Richard McDonnough**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-04**  
Date

**305-229-0222**  
Daytime Phone #