

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

DOCUMENT # P99000096526

1. Entity Name  
RCG GROUP, INC.



05 APR 13 AM 10:56

RECEIVED  
STATE  
OF FLORIDA

Principal Place of Business  
7710 SW 98 ST  
MIAMI, FL 33156

Mailing Address  
8851 NW 117TH STREET  
HIALEAH, FL 33018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0964317

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

JIMENEZ, ROBERTO F  
1116 SOROLLA AVE  
CORAL GABLES, FL 33134

Name Jimenez, Roberto F  
Street Address (P.O. Box Number is Not Acceptable)

8851 NW 117 St

City Hialeah Gardens

FL

Zip Code 33018

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME JIMENEZ, ROBERTO F  
STREET ADDRESS 8303 OLD CUTLER RD  
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE ☒ Change ☐ Addition  
NAME 8851 NW 117 Street  
STREET ADDRESS Hialeah Gardens, FL 33018  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME JIMENEZ, CATALINA  
STREET ADDRESS 8303 OLD CUTLER RD  
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE ☒ Change ☐ Addition  
NAME 8851 NW 117 Street  
STREET ADDRESS Hialeah Gardens, FL 33018  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 900052147639  
STREET ADDRESS 04/26/05--01067--007 \*\*\$1.25  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

(305) 841-8111

Daytime Phone #