



Jan 10, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # S47799 1. Entity Name RC INTERIORS, INC.</div><div style="text-align: center;"></div></div>		FILED Jan 10, 2006 08:00 AM Secretary of State																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 7090 SW 30TH RD MIAMI, FL 33155 US</div><div>Mailing Address 7090 SW 30TH RD MIAMI, FL 33155 US</div></div>		 <div style="display: flex; justify-content: space-around; font-size: small;">01032006 No Chg-P CR2E034 (11/05)</div>																																									
DO NOT WRITE IN THIS SPACE		<div style="display: flex; justify-content: space-between; font-size: small;"><div>4. FEI Number 65-0261335</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																									
6. Name and Address of Current Registered Agent COLOM, ROBERTO 7090 SW 30 RD. MIAMI, FL 33155		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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>SIGNATURE: <u>Raul Colom</u> RAUL Colom</div><div>01-03-06</div></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Signature, typed or printed name of registered agent and title if applicable.</div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE</div></div>																																											
<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: small;">FILE NOW!!! FEE IS \$150.00 - After May 1, 2006 Fee will be \$550.00</div>		<div style="display: flex; justify-content: space-between; align-items: center;"><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></div><div>\$5.00 May Be Added to Fees</div></div>																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><tr><td style="width: 20%;">TITLE</td><td>P</td></tr><tr><td>NAME</td><td>COLOM, ROBERTO</td></tr><tr><td>STREET ADDRESS</td><td>7090 SW 30 RD</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33155</td></tr><tr><td>TITLE</td><td>VPS</td></tr><tr><td>NAME</td><td>COLOM, RAUL J.</td></tr><tr><td>STREET ADDRESS</td><td>7090 SW 30 RD</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33155</td></tr><tr><td>TITLE</td><td>T</td></tr><tr><td>NAME</td><td>PONCE, CARLOS</td></tr><tr><td>STREET ADDRESS</td><td>7090 SW 30 RD</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33155</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	P	NAME	COLOM, ROBERTO	STREET ADDRESS	7090 SW 30 RD	CITY-ST-ZIP	MIAMI, FL 33155	TITLE	VPS	NAME	COLOM, RAUL J.	STREET ADDRESS	7090 SW 30 RD	CITY-ST-ZIP	MIAMI, FL 33155	TITLE	T	NAME	PONCE, CARLOS	STREET ADDRESS	7090 SW 30 RD	CITY-ST-ZIP	MIAMI, FL 33155	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> <div style="text-align: left; margin-top: 20px; font-family: monospace; font-size: 1.2em;">000000380936 01/11/06-80034-003 150.00</div>	
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<div style="font-size: x-small;">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.</div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div>SIGNATURE: <u>Raul Colom</u> RAUL Colom</div><div>01-3-06 305-261-2614</div></div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																																											