

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000058755

**Entity Name:** RINALDI ENTERPRISE, INC.

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**4737070980CC**

**Current Principal Place of Business:**

5800 SW 177 AVE  
SUITE 101  
MIAMI, FL 33193

**Current Mailing Address:**

5800 SW 177 AVE  
SUITE 101  
MIAMI, FL 33193 US

**FEI Number:** 54-2065017

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RINALDI, JORGE  
5800 SW 177 AVE.  
SUITE 101  
MIAMI, FL 33193 US

*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

**Officer/Director Detail :**

Title D  
Name RINALDI, ANDREA V  
Address 5800 SW 177 AVE  
SUITE 101  
City-State-Zip: MIAMI FL 33193

Title V  
Name RINALDI, MIGDALY S  
Address 5800 SW. 177 AVE. SUITE 101  
City-State-Zip: MIAMI FL 33193

Title P  
Name RINALDI, JORGE  
Address 5800 SW. 177 AVE. SUITE 101  
City-State-Zip: MIAMI FL 33193

Title D  
Name RINALDI, ADRIANA  
Address 5800 SW 177 AVE  
City-State-Zip: MIAMI FL 33193

Title D  
Name RINALDI, SERGO A  
Address 5800 SW 177 AVE  
City-State-Zip: MIAMI FL 33193

Title D  
Name RINALDI, AMELIA  
Address 5800 SW 177 AVE  
City-State-Zip: MIAMI FL 33193

Title DIRECTOR  
Name RINALDI, LENNY  
Address 5800 SW 177TH AVENUE STE 101  
City-State-Zip: MIAMI FL 33193

*I hereby 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 all other like empowered.*

**SIGNATURE:** JORGE RINALDI

**PRESIDENT**

**04/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date