


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 714481</b> 1. Entity Name <b>RIO NUEVO DOCKS, INC.</b>	
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Principal Place of Business <b>2928 OAK PARK CIRCLE DAVIE FL 33328 US</b>	Mailing Address <b>2928 OAK PARK CIRCLE DAVIE FL 33328 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E037 (10/07)

City & State	City & State	4. FEI Number <b>NO-T APPLICABLE</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>REY, LUIS 2928 OAK PARK CIRCLE DAVIE FL 33328</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City
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Name	FL
Street Address (P.O. Box Number is Not Acceptable)	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 \_\_\_\_\_ DATE \_\_\_\_\_

(Signature typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature is required when registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VPD	
NAME	TAYLOR, CLIVE	
STREET ADDRESS	642 NE 3RD ST.	
CITY- ST- ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELTON, ARTHUR	
STREET ADDRESS	5719 N.E. 17TH TERR	
CITY- ST- ZIP	FORT LAUDERDALE FL 33334	
TITLE	TS	<input type="checkbox"/> Delete
NAME	REY, LOUIS	
STREET ADDRESS	2928 OAK PARK CIRCLE	
CITY- ST- ZIP	DAVIE FL 33328	
TITLE	PR	<input type="checkbox"/> Delete
NAME	SURGE, ALEX	
STREET ADDRESS	809 SW 9 TERRACE	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDENAS, ROBERT	
STREET ADDRESS	5055 N A1A #806	
CITY- ST- ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CLIVE	
STREET ADDRESS	642 NE 3RD ST	
CITY- ST- ZIP	DANIA FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: \_\_\_\_\_ 2/19/08 954-862-7513