


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F23285
 1. Entity Name
RICHARDS TRACTORS & IMPLEMENTS, INC.



Principal Place of Business
**1995 N. E. 8TH ST
 HOMESTEAD, FL 33033**

Mailing Address
**1995 N. E. 8TH ST
 HOMESTEAD, FL 33033**

DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2081016

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAVID, THOMAS L
 1428 BRICKELL AVE. 8TH FLOOR
 MIAMI, FL 33131**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

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

U00000767034
 07/05/07-80007-015 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NERET, MAURICIO 515 SW 12TH AVENUE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDENAL, JOSE V 7705 S W 139TH STERR MIAMI, FLORIDA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERNANDEZ, ERNESTO 1111 BRICKELL AVENUE STE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, ROSARIO 1111 BRICKELL AVENUE STE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FERNANDEZ, MARIA R 1111 BRICKELL AVENUE STE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLORZANO, JAVIER 9047 SW 67 AVE MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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 officers empowered.

SIGNATURE: _____ **July 2, 2007 (305)297-8711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #