FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90871 001 ***300.00

2003 FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

55034632

DOCUMENT # P01000114009

1. Entity Name
RIING, CORP.

Principal Place of Business	Mailing Address
4040 NE 2ND AVE., STE. 305 MIAMI, FL 33137	4040 NE 2ND AVE., STE. 305 MIAMI, FL 33137

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
210 S.W. 15th Rd.	210 S.W. 15th Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33129 Country: USA	Zip: 33129 Country: USA

4. FEI Number: 03-0386142 ☐ 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
ORTEGA, LUIS 4040 NE 2ND AVE., STE. 305 MIAMI, FL 33137	Name: J. Judas Cordero, Esq. Street Address (P.O. Box Number is Not Acceptable): 722 Hialeah Dr. City: Hialeah FL Zip Code: 33010

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

FILE NOW!! FEE: $ 150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTEGA, LUIS 175 SE 25TH RD., UNIT #8-B MIAMI, FL 33129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ADRIAN GALDO 210 SW 15TH RD Miami, FL 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPEZ, VALENTINA 4040 NE 2ND AVE. STE. 305 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Valentina Lopez 4/30/03 786-2867882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #