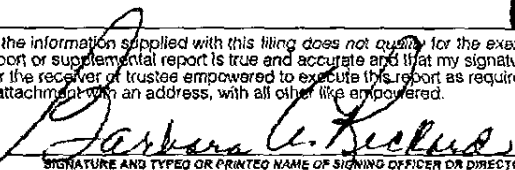


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 171284		
1. Entity Name AYR CORP		
Principal Place of Business 100 SE 2 ST STE 2370 MIAMI, FL 33131-2145 US		Mailing Address 100 SE 2 ST STE 2370 MIAMI, FL 33131-2145 US
DO NOT WRITE IN THIS SPACE		
		 01182006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-6058086 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALLEN, JOELLE M 100 SE 2ND ST. STE. 2370 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTM RICKARD, BARBARA A 100 SE 2 STREET, SUITE 2370 MIAMI, FL 33132	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POST, THOMAS R 100 SE 2ND ST., STE. 2370 MIAMI, FL 331312127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REITER-FARAGALLI, ROBIN 100 SE 2ND ST., STE. 2370 MIAMI, FL 331312127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/07/06 (305) 373-1386 Date Daytime Phone #

U00000504028
04/26/06-80056-007 150.00

**DO NOT WRITE
IN THIS SPACE**