

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

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

DOCUMENT # 714481	
1. Entity Name RIO NUEVO DOCKS, INC.	

Principal Place of Business 2928 OAK PARK CIRCLE DAVIE FL 33328 US	Mailing Address 2928 OAK PARK CIRCLE DAVIE FL 33328 US
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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
Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REY, LUIS 2928 OAK PARK CIRCLE DAVIE FL 33328	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	(NOTE: Registered Agent signature is required when registering)	DATE
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

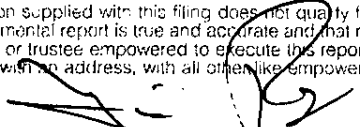
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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**