

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 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**



01292008 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 reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 ~  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000885473  
04/18/08-80015-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE PTM  
NAME RICKARD, BARBARA A  
STREET ADDRESS 100 SE 2 STREET, SUITE 2370  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD  
NAME REITER-FARAGALLI, ROBIN  
STREET ADDRESS 100 SE 2ND ST., STE. 2370  
CITY-ST-ZIP MIAMI, FL 331312127

TITLE SD  
NAME SACHER, CHARLES P  
STREET ADDRESS 100 SE 2ND ST SUITE 2370  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 like empowered.

**SIGNATURE: Robin Reiter-Faragalli** **ROBIN REITER-FARAGALLI** **3-10-08** **(305) 373-1386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #