

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 151163

Entity Name: RICH-CHRIS CORP.

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

5915 PONCE DELEON BLVD.
SUITE 19
CORAL GABLES, FL 33146

Current Mailing Address:

5915 PONCE DELEON BLVD.
SUITE 19
CORAL GABLES, FL 33146

New Principal Place of Business:

5915 PONCE DELEON BLVD.
SUITE 47
CORAL GABLES, FL 33146

New Mailing Address:

5915 PONCE DELEON BLVD.
SUITE 47
CORAL GABLES, FL 33146

FEI Number: 59-0972046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, THOMAS R MR
5915 PONCE DELEON BLVD.
SUITE 19
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

FLICK, CHARLES P MR
5915 PONCE DELEON BLVD.
SUITE 47
CORAL GABLES, FL 33146 US

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.

SIGNATURE: CHARLES P FLICK

02/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DIXON, THOMAS R MR
Address: 1416 MEDINA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: PLUMER, MARY C MRS
Address: 5915 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: FLICK, PATIENCE P MRS
Address: 5915 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: FLICK, CHARLES P MR
Address: 8420 SCHOOLHOUSE ROAD
City-St-Zip: MIAMI, FL 33143

Title: P (X) Change () Addition
Name: FLICK, PATIENCE P MRS
Address: 5915 PONCE DE LEON BLVD. SUITE 47
City-St-Zip: CORAL GABLES, FL 33146

Title: V (X) Change () Addition
Name: PLUMER, MARY C MRS
Address: 5915 PONCE DE LEON BLVD SUITE 47
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P FLICK

ST

02/20/2007

Electronic Signature of Signing Officer or Director

Date