

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90181 045 \*\*\*150.00

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**RICKARD, BARBARA A**  
100 SE 2 ST  
STE 2370  
MIAMI FL 33131

Name  
**JOELLE M. ALLEN**

Street Address (P.O. Box Number is Not Acceptable)  
**100 S.E. 2nd Street**

Suite 2370

City **Miami**

**FL**

Zip Code  
**33131**

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.

**Joelle M. Allen, Executive Director** 04/23/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTDM ☐ Delete  
NAME RICKARD, BARBARA A  
STREET ADDRESS 100 SE 2 STREET, SUITE 2370  
CITY-ST-ZIP MIAMI FL 33132

TITLE P/T/M ☒ Change ☐ Addition  
NAME Rickard, Barbara A.  
STREET ADDRESS 100 S.E. 2nd St., Suite 2370  
CITY-ST-ZIP Miami, Florida 33131-2127

TITLE VD ☐ Delete  
NAME POST, THOMAS R.  
STREET ADDRESS 140 NE 8TH ST  
CITY-ST-ZIP MIAMI FL 33132

TITLE V/D ☒ Change ☐ Addition  
NAME Post, Thomas R  
STREET ADDRESS 100 S.E. 2nd St., Suite 2370  
CITY-ST-ZIP Miami, Florida 33131-2127

TITLE SD ☒ Delete  
NAME HOUGHTON, PETER E  
STREET ADDRESS 6520 SW 104 ST  
CITY-ST-ZIP MIAMI FL 33156

TITLE S/D ☐ Change ☒ Addition  
NAME Reiter-Faragalli, Robin  
STREET ADDRESS 100 S.E. 2nd St., Suite 2370  
CITY-ST-ZIP Miami, Florida 33131-2127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robin Reiter-Faragalli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robin Reiter-Faragalli**

04/23/04

(305) 373-1386

Date

Daytime Phone #