

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90078 037 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007

Chg-P

CR2E034 (12/06)

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

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VD ☒ Delete
NAME POST, THOMAS R
STREET ADDRESS 100 SE 2ND ST., STE. 2370
CITY-ST-ZIP MIAMI, FL 331312127

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MIAMI, FL 33131-2127**

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

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

TITLE SD ☐ Change ☒ Addition
NAME **SACHER, CHARLES P.**
STREET ADDRESS **100 SE 2ND ST., SUITE 2370**
CITY-ST-ZIP **MIAMI, FL 33131-2127**

TITLE ☐ Change ☐ Addition
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 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

04/06/07

3050373-1386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #