

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90414 021 \*\*\*150.00

**DOCUMENT # 618534**

1. Entity Name  
**RITWAY, INC.**



Principal Place of Business  
**23 INDIAN CREEK ISLAND  
INDIAN CREEK VILLAGE, FL 33154 US**

Mailing Address  
**23 INDIAN CREEK ISLAND  
INDIAN CREEK VILLAGE, FL 33154 US**

**40089346**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-1969289**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MILLER, CAROLYN ROSEN  
23 INDIAN CREEK ISLAND  
INDIAN CREEK VILLAGE, FL 33154**

Name  
**Laurie Rosen Riemer**

Street Address (P.O. Box Number is Not Acceptable)

**20143 NE 19 Place**

City  
**North Miami Beach**

FL Zip Code  
**33179**

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 *Laurie Rosen Riemer* **Laurie Rosen Riemer**

**4/24/07**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PD** ☒ Delete  
STREET ADDRESS **MILLER, CAROLYN R.**  
CITY-ST-ZIP **23 INDIAN CRK ISLAND  
MIAMI BEACH, FL**

TITLE  
NAME **Director / President** ☒ Change ☒ Addition  
STREET ADDRESS **Laurie Rosen Riemer**  
CITY-ST-ZIP **20143 NE 19 Place  
North Miami Beach, FL 33179**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **Director / Secretary & Treasurer** ☒ Change ☒ Addition  
STREET ADDRESS **Joanne Rosen**  
CITY-ST-ZIP **65 W 13 Street, 7G  
New York, NY 10011**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **Vice President** ☐ Change ☒ Addition  
STREET ADDRESS **Leonard Miller**  
CITY-ST-ZIP **23 Indian Creek Island Road  
Indian Creek Village, FL 33154**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: **Laurie Rosen Riemer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Laurie Rosen Riemer* **4/24/07** 305-336-5657

Date