



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 700102 1. Entity Name RITZ CO-OP CORP				<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold;">05 AUG 29 PM 12:10</div> <div style="text-align: right; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2640 PIERCE STREET #5 HOLLYWOOD, FL 33020		Mailing Address 2640 PIERCE STREET #5 HOLLYWOOD, FL 33020			
2. Principal Place of Business 2640 Pierce St. #9 Hollywood, FL 33020 Suite, Apt. #, etc. City & State		3. Mailing Address 2640 Pierce St. #9 Hollywood, Florida Suite, Apt. #, etc. City & State		08022005 Chg-NP CR2E037 (10/03)	
Zip Broward		Zip 33020		Country Broward	
6. Name and Address of Current Registered Agent PORTALATIN, NANCY 2640 PIERCE ST APT #12 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name GONZALO GIL CONTRERAS Street Address (P.O. Box Number is Not Acceptable) 2640 PIERCE STREET #9 City Hollywood FL Zip Code 33020		
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 Gonzalo Gil Contreras (CONTRERAS, GONZALO GIL 8/19/05) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAGNER, MARILA 2640 PIERCE ST APT #12 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cesar Lemus 2640 pierce st. #6 Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTA, LESLIE 2640 PIERCE ST APT #3 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Veronica Forestal 2640 Pierce St. #7 Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORESTALL, VERONICA 2640 PIERCE ST APT #7 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer Contreras, Gonzalo Gil 2640 Pierce St. #9 Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTALATIN, NANCY 2640 PIERCE ST APT #12 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Steadman, L. Frances 2640 Pierce St. #4 Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: Gonzalo Gil Contreras (CONTRERAS, GONZALO GIL 8/19/05) (954) 922-5366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					