


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 700102 1. Entity Name RITZ CO-OP CORP	
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Principal Place of Business 2640 PIERCE STREET #9 HOLLYWOOD, FL 33020	Mailing Address 2640 PIERCE STREET #9 HOLLYWOOD, FL 33020
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04082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6137324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GILCONTRERAS, GONZALO
2640 PIERCE STREET #9
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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* 4/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORESTALL, VERNONICA 2640 PIERCE ST APT 7 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONTRERAS, GONZALO G 2640 PIERCE ST APT #9 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BATHERWICH, MICHAEL 2640 PIERCE ST #1 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, CARLOS A 2640 PIERCE ST APT 3 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONTRERAS, GONZALO G 2640 PIERCE ST APT 9 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/08-80070-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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* 4/10/08 (954) 922-53-66
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #