


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90070 050 \*\*\*\*61.25

<b>DOCUMENT # 739753</b> 1. Entity Name <b>RITA APARTMENTS II, INC.</b>					
Principal Place of Business <b>319 SOUTH B STREET LAKE WORTH FL 33460</b>			Mailing Address <b>2528 BOUNDBROOK DR S #207 WEST PALM BEACH FL 33460</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MAKILA, MIKA 319 SOUTH B STREET APT 6 LAKE WORTH FL 33460</b>				7. Name and Address of New Registered Agent Name <b>TUOMO MURTO MAKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>319 S. B ST. #8</b> City <b>LAKE WORTH</b> FL <b>33460</b>	
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 <i>Tuomo Murtomaki</i> <b>TUOMO MURTO MAKI - PRES.</b> <b>3/5/06</b> <small>Signature, typed or printed name of registered agent and bds 4 applicable (NOTE: Registered Agent signature required when re-appointing) DATE</small>					
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MAKILA, MIKA</b> <b>319 SOUTH B STREET APT 6</b> <b>LAKE WORTH FL FL 33460</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>TUOMO MURTO MAKI</b> <b>319 S. B ST. #8</b> <b>LAKE WORTH FL 33460</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>LASSILA, MATTI</b> <b>896 N FEDERAL HWY APT 123</b> <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>WYATT, NORMA</b> <b>2528 BOUNDBROOK DR S #207</b> <b>WEST PALM BCH FL 33406</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T+S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Norma Wyatt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-13-06</b> <b>561-963-0889</b> <small>Date Daytime Phone #</small>		



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT  
60007238

March 2, 2006

RITA APARTMENTS II, INC.  
2528 BOUNDBROOK DR S  
#207  
WEST PALM BEACH, FL 33460

Subject: RITA APARTMENTS II, INC.

Reference Number: 739753

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions ~~or need~~ further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION

Call