

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90079 003 \*\*\*158.75

**DOCUMENT # 824884**

1. Entity Name  
**RIO RICO PROPERTIES INC.**



Principal Place of Business  
**275 RIO RICO DR.  
P O BOX 526000  
RIO RICO, AZ 85648 US**

Mailing Address  
**201 ALHAMBRA CIR  
12TH FLR  
CORAL GABLES, FL 33134 US**

**94068398**



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0953866**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KERRIGAN, JUANITA I.  
201 ALHAMBRA CIR  
12TH FLR  
CORAL GABLES, FL 33134**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEVY, MICHAEL  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VTD  
NAME MCNAIRY, CHARLES  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VS  
NAME KERRIGAN, JUANITA  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD  
NAME GETMAN, DENNIS  
STREET ADDRESS 201 ALHAMBRA CIR- 12TH FLR  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V  
NAME TOBIN, GUY  
STREET ADDRESS 275 RIO RICO DRIVE  
CITY-ST-ZIP RIO RICO, AZ 85648

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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: *By: Juanita I. Kerrigan, VP/Sec.* 4/23/04 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUANITA I. KERRIGAN** Date Daytime Phone #