

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CRZE034 (11/05)

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**

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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, 2006 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

1100000555089
05/16/06-80021-001 158.75

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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:

Juanita I. Kerrigan, VP/Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/24/06
Date

(305) 442-7080
Daytime Phone