


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90084 048 \*\*\*158.75

<b>DOCUMENT # 824884</b> 1. Entity Name <b>RIO RICO PROPERTIES INC.</b>					
Principal Place of Business <b>275 RIO RICO DR. P O BOX 526000 RIO RICO, AZ 85648 US</b>			Mailing Address <b>201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0953866</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KERRIGAN, JUANITA I. 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEVY, MICHAEL</b>		NAME		
STREET ADDRESS	<b>201 ALHAMBRA CIR- 12TH FLR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MCAIRY, CHARLES</b>		NAME	<b>VTD KOTLER, RANDY L.</b>	
STREET ADDRESS	<b>201 ALHAMBRA CIR- 12TH FLR</b>		STREET ADDRESS	<b>201 ALHAMBRA CIR, 12 FL</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
TITLE	<del>VS</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KERRIGAN, JUANITA</b>		NAME	<b>VTD</b>	
STREET ADDRESS	<b>201 ALHAMBRA CIR- 12TH FLR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GETMAN, DENNIS</b>		NAME		
STREET ADDRESS	<b>201 ALHAMBRA CIR- 12TH FLR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TOBIN, GUY</b>		NAME		
STREET ADDRESS	<b>275 RIO RICO DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIO RICO, AZ 85648</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FLETCHER, PATRICIA K</b>		NAME		
STREET ADDRESS	<b>201 ALHAMBRA CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE: By: <u>Juanita I. Kerrigan</u>, VP/Sec. 4/16/08 (205) 442-7000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>JUANITA I. KERRIGAN</b>					