## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam RIC-DEG	ne	#F19929				05-02-2005 90558 050 ***150.00				
Principal Plac	e of Busines	s	Mailing Address	Address						
15400 NW H Ocala, Fl 3			15400 NW HWY 27							
OUALA, FL 3	14402		OCALA, FL 34482							
2. Principal P	Place of Busin	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252005	Chg-P	CR2E034 (10/03)		
City & State			City & State			4. FEI Numb		<del></del>	oplied For ot Applicable	
Zip	Country		Zip	Zip Cour			5. Certificate of Status Desired S8.75 Additional Fee Required		ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
DEGWITZ, FERNANDO						Name Mercedes 13. Ehntholt				
15400 NW HWY 27					Street Address (P.Q. Box Number is Not Acceptable)					
OCALA, FL 34482										
					City Oco	10	•	FL Zip So	200	
8. The above named entity submits this statement for the purpose of changing its registered office or registe							oth, in the State of Flo		and accept	
the obligations of registered agent.										
SIGNATURE Wiscolar B. Pluthall Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE										
OFFILE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.						5.00 May Be dded to Fees				
10.		OFFICERS AND	DIRECTORS	ECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD DEGWIT	Z, LUISA G	☐ Delete TITL NAM : STRE					☐ Change	☐ Addition	
STREET ADDRESS		W. HIGHWAY 27			EET ADDRESS					
CITY-ST-ZIP		FL 34482		<del>-</del> i-	Y-ST-ZIP					
TITLE NAME	STD	Z DE JIMENEZ, ERIKA	☐ Delete	☐ Delete IIIU				Change	☐ Addition	
STREET ADDRESS	1	W HWY 27			EET ADDRESS					
CITY-ST-ZIP										
NAME	VPD DEGWIT	Z, LUISELENA	☐ Delete	☐ Delete TITLE				☐ Change	☐ Addition	
STREET ADDRESS	1				EET ADORESS					
CITY-ST-ZIP	OCALA, FL				Y+ST-ZIP					
TITLE NAME	D JIMINEZ	DOMINGO	☐ Delete	Delete TITLE				☐ Change	Addition	
STREET ADDRESS	STREET ADDRESS 15400 N.W. HIGHWAY 27				EET ADORESS					
CITY-ST-ZIP	OCALA, I	FL 34482		CITY-SI-ZIP						
TITLE NAME	DEGMIT	Z EEDMANDO	Delete					Change	☐ Addition	
STREET ADDRESS				NAME . Street address						
CITY-ST-ZIP	· - · · · · · · · · · · · · · · · ·			CIT	Y-ST-ZIP					
TITLE	D		☐ Delete				<u> </u>	☐ Change	☐ Addition	
NAME STREET ADDRESS	I .	I, MARCELO W. HIGHWAY 27	NAM STRE		ME BEET ADDRESS					
CITY-ST-ZIP OCALA, FL 34482					Y-ST-ZIP					
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAN OFFICER OR DIRECTOR

14/28/05

Daytime Phone #