2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachmen

SIGNATURE:

address, with all other like empowered

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # G01953 1. Entity Name 02-15-2006 90027 028 ***150.00 RICH STAIRWAYS CORP. Principal Place of Business Mailing Address % HOWARD RICH % HOWARD RICH UUULVVV 98.N.W. 29TH ST. 98 N.W. 29TH ST. MIAMI_FL_33127 MIAMI, FL 33127 2. Principal Place of Business 3. Mailing Address 5826 NUI 5626 NU TREET Suite, Apt. #, etc. Suite, Apt. #, etc 01272006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-1098944 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 30/4 MIAMI-WADE Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name RICH, HOWARD 5626 NW 161ST STREET Street Address (P.O. Box Number is Not Acceptable) 98 N.W. 29TH ST. MIAMI, FL-33127 MIAMI GArdens, Fl 33014 Zip Code FI entity sultmits 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 obligation; SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, DP TITLE **X** Delete TITLE Change Addition RICH, HOWARD STREET RICH, HOWARD NAME NAME STREET ADDRESS 373 POINCIANA ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED