

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90165 004 ***150.00

DOCUMENT # G57556	
1. Entity Name DON-RICE, INC.	

Principal Place of Business XXXXXXXXXX XXXXXXXXXX Ste.C-102 / XXXXXXXXXX 8405 N.W. 53rd.St. Ste.C-102 Miami, FL 33166	Mailing Address XXXXXXXXXX XXXXXXXXXX Ste.C-102 / XXXXXXXXXX 8405 N.W. 53rd.St. Ste.C-102 Miami, FL 33166
DO NOT WRITE IN THIS SPACE	

40063310



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2373424	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, RAFAEL E. XXXXXXXXXX 8405 N.W. 53rd.St. Ste.C-102 XXXXXXXXXX Miami, FL 33166	
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**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.

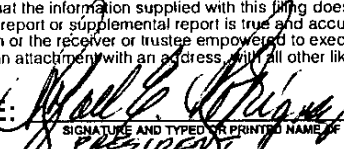
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS RODRIGUEZ, RAFAEL E. 10330 SW 19TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  **Rafael E. Rodriguez** **04/25/06** **305-470-8922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #