

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K69842**

1. Entity Name  
**RYBRITT, INC.**



Principal Place of Business

**8804 S.W. 129 STREET  
MIAMI, FL 33176**

Mailing Address

**24460 SW 194 AVE  
HOMESTEAD, FL 33031**

**DO NOT WRITE IN THIS SPACE**



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0127563**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AARON, SANDRA  
8804 SW 129 STREET  
MIAMI, FL 33176**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AARON, ROY S.
STREET ADDRESS	8804 SW 129 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V
NAME	AARON, SANDRA
STREET ADDRESS	8804 SW 129 ST.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	T
NAME	RIVERA, GREGORY
STREET ADDRESS	1708 HAYES STREET, APT #1
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000760345  
05/25/07-80007-019 158.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #