

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70177

Entity Name: RIDDER INDUSTRIES, INC.

FILED  
Mar 17, 2009  
Secretary of State

**Current Principal Place of Business:**

8721 SW 102 ST  
MIAMI, FL 33176

**New Principal Place of Business:**

5757 BLUE LAGOON DR  
350  
MIAMI, FL 33126

**Current Mailing Address:**

ZAYAS MORILLAS & ASSOCIATES  
5757 BLUE LAGOON DR #350  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 65-0190358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMORRO, GABRIELA  
8721 SW 102 ST  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

CHAMORRO, GABRIELA  
5757 BLUE LAGOON DR  
350  
MIAMI, FL 33126 US

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.

SIGNATURE: GABRIELA CHAMORRO

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAMORRO, GABRIELA  
Address: 8721 SW 102 ST  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: CHAMORRO, DANILO  
Address: 8721 SW 102 ST  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHAMORRO, GABRIELA  
Address: 5757 BLUE LAGOON DR, SUITE 350  
City-St-Zip: MIAMI, FL 33126

Title: S (X) Change ( ) Addition  
Name: CHAMORRO, DANILO  
Address: 5775 BLUE LAGOON DR SUITE 350  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELA CHAMORRO

DR

03/17/2009

Electronic Signature of Signing Officer or Director

Date