


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M35456</b> 1. Entity Name R. CHIC CORP.	
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Principal Place of Business 777 NW 72 AVE SUITE 2B2 MIAMI, FL 33126 US	Mailing Address P. O. BOX 600231 P. O. BOX 600231 NORTH MIAMI BEACH, FL 33160 US
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01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2728049	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FREIRE, ROBERTO 14550 S.W. 94TH LANE MIAMI, FL 33186	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIFAI, SAMMY 17500 N. BAY RD #707 N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIFAI, TAMAM 17500 N. BAY RD #707 N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIFAI, ELAINE 17500 N. BAY RD #707 N. MIAMI BEACH, FL
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03/14/05-80026-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: X A2/11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05  
Date

Daytime Phone #