

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # M35456

1. Entity Name
R. CHIC CORP.



Principal Place of Business

**777 NW 72 AVE
SUITE 282
MIAMI, FL 33126 US**

Mailing Address

**P. O. BOX 600231
P. O. BOX 600231
NORTH MIAMI BEACH, FL 33160 US**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2728049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FREIRE, ROBERTO
14550 S.W. 94TH LANE
MIAMI, FL 33186**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	RIFAI, SAMMY
STREET ADDRESS	17500 N. BAY RD #707
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	VPD
NAME	RIFAI, TAMAM
STREET ADDRESS	17500 N. BAY RD #707
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	ST
NAME	RIFAI, ELAINE
STREET ADDRESS	17500 N. BAY RD #707
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000483790
04/12/06-80014-006 150.00

**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**

3/23/06

Date Daytime Phone #