
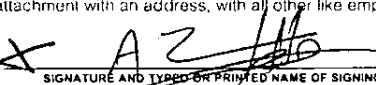


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90056 040 \*\*\*150.00

|   |   |                                 |  |  |   |
|---|---|---------------------------------|--|--|---|
| <b>DOCUMENT # M35456</b><br>1. Entity Name<br><b>R. CHIC CORP.</b>  |   |                                 |  |   |   |
| Principal Place of Business<br><b>777 NW 72 AVE<br/>SUITE 2091<br/>MIAMI, FL 33126 US</b>   |   |                                 | Mailing Address<br><b>P. O. BOX 600231<br/>P. O. BOX 600231<br/>NORTH MIAMI BEACH, FL 33160 US</b>                 |  |   |
| 2. Principal Place of Business - No P.O. Box #  |   |                                 | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.  |  |   |
| City & State  |   |                                 | City & State   |  |   |
| Zip   |   | Country                         |  | Zip  |   |
| Country   |   | Country                         |  | 4. FEI Number<br><b>59-2728049</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>FREIRE, ROBERTO<br/>14550 S.W. 94TH LANE<br/>MIAMI, FL 33186</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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 _____   |   |                                 |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |   |                                 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | PD<br>RIFAI, SAMMY<br>17500 N. BAY RD #707<br>N. MIAMI BEACH, FL  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | VPD<br>RIFAI, TAMAM<br>17500 N. BAY RD #707<br>N. MIAMI BEACH, FL | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | ST<br>RIFAI, ELAINE<br>17500 N. BAY RD #707<br>N. MIAMI BEACH, FL | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |   |                                 |  |  |   |
| <b>SIGNATURE:</b>    |   |                                 |  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                                 |  |  |   |
| Date Daytime Phone #  |   |                                 |  |  |   |