

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 022 ***150.00

DOCUMENT # M35456

1. Entity Name
R. CHIC CORP.



Principal Place of Business
777 NW 72 AVE
SUITE 2091
MIAMI, FL 33126 US

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

46000000



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2728049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
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	

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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 #