## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Feb 11, 2008 8:00 am Secretary of State 02-11-2008 90042 015 \*\*\*150.00

DOCUMENT # M56962  1. Entity Name R.D. INVESTMENTS & MANAGEMENT CORP.						02-11-200	08 90042 (	015 ***15	0.00
Principal Place of Business  250 CATALONIA AVE.  S-401  CORAL GABLES, FL 33134 US  Mailing Address  250 CATALONIA AVE.  S-401  CORAL GABLES, FL 33134			US		 	 11 1116 1171 1114 1411		1): <b>4</b>  1   1  <b>5</b>    <b>4 </b>	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Same address									
Suite, Apt. #, etc. 305	305		0		01222008	Chg-P	CR2E	034 (12/06)	
City & State Oral Galbes, Florida  City & State					4. FEI Numb 65-001				plied For t Applicable
Zip Country	Zip Count		ry	5. Certificate of Status Dea		of Status Desired	a 🗆	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name						
DURAN, ALFREDO G SUITE 1400, 2601 SOUTH BAYSHORE DR			ALFREDO G. DURAN Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33133			2340	So	Di	xie Hig	hway_	<del></del> -	
Company of the Company			City Mia				FL	Zip Cod	3
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 obligations of registered agent agent.  SIGNATURE  Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0		tribution.	cing	<b>\$5.</b> 0 Adde	00 May Be ed to Fees				
10. OFFICERS AND I	DIRECTORS  Defete	11.		PD	ADDITIONS.	CHANGES TO O	FFICERS ANI	O DIRECTORS Change	Addition
TAME DORTA, RAMON NAME 250 CATALONIA AVE., SUITE 401 STR				Dor 250		mon onia Av les, FL		iite 3	_
NAME DORTA, EDUARDO	☐ Delete	TITLE NAME		S	ta, Ed	•		Change	☐ Addition
STREET ADDRESS 250 CATALONIA AVE., SUITE 40	250 CATALONIA AVE., SUITE 101 SIRI CORAL GABLES, FL 33134 CITY				ame ad				
TITLE NAME	Delete TifLE							Change	Addition
STREET ADDRESS		STREE	1 ADDRESS						
CITY-ST-ZIP TITLE	Delete	TITLE	ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS		NAME STREE	T ADDRESS						
City-\$1-zip			ST - ZIP						
NAME	☐ <b>Del</b> ete	NAME						☐ Change	☐ Addition
STREET ADDRESS CITY-SI-ZIP			ST-ZIP						
MILE NAME STREET ADDRESS CITY: \$1:21P	☐ Delete							☐ Change	Addition
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 fixed impowered.  SIGNATURE:  Ramon Dorta, President 1/25/08 (305)441-0040									