


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90384 006 \*\*\*\*61.25

<b>DOCUMENT # N06000004383</b>	
1. Entity Name <b>RICE 3333 CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>10 ARAGON AVE. #LP-1402 CORAL GABLES, FL 33134</b>	Mailing Address <b>10 ARAGON AVE. #LP-1402 CORAL GABLES, FL 33134</b>
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2. Principal Place of Business - No P.O. Box # <b>3333 Rice Street</b>	3. Mailing Address <b>3333 Rice Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coconut Grove, FL</b>	City & State <b>Coconut Grove</b>
Zip <b>33133</b>	Country
Zip <b>33133</b>	Country



04082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>BESU, JORGE 10 ARAGON AVE. #LP-1402 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent Name <b>TIMOTHY D. RYAN, PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>3333 Rice St. #203</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>	
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 <b>X Timothy D. Ryan</b>	DATE <b>4/14/08</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, TIM 3333 RICE ST., APT 203 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVERA, MARIA 3333 RICE ST., #301 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIOS, DEDRICK 1107 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, FRANK 3333 RICE ST., #202 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFY, BARBARA 3333 RICE ST., #101 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <b>X Timothy D. Ryan</b>	DATE: <b>4/14/08</b> DAYTIME PHONE: <b>305-942-2127</b>
Signature and typed or printed name of signing officer or director	