

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004383

FILED
Apr 21, 2009
Secretary of State

Entity Name: RICE 3333 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3333 RICE STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3333 RICE STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-4806623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, TIMOTHY P
333 RICE ST. #203
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

RYAN, TIMOTHY P
3333 RICE ST. #203
MIAMI, FL 33133 US

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.

SIGNATURE: TIMOTHY RYAN

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYAN, TIM
Address: 3333 RICE ST., APT 203
City-St-Zip: MIAMI, FL 33133

Title: VPD () Delete
Name: RIVERA, MARIA
Address: 3333 RICE ST., #301
City-St-Zip: MIAMI, FL 33133

Title: STD () Delete
Name: RIOS, DEDRICK
Address: 1107 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: HERNANDEZ, FRANK
Address: 3333 RICE ST., #202
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: DUFFY, BARBARA
Address: 3333 RICE ST., #101
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RIOS, DEDRICK
Address: 1107 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change () Addition
Name: KIANDA, ISABEL
Address: 3333 RICE ST., #403
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY RYAN

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date