2004 NOT-FOR-PROFIT CORPORATION

Feb 17, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # N94000003919 1. Entity Name 02-17-2004 90028 013 ****70.00 RIO GARDENS ASSOCIATION, INC. Mailing Address Principal Place of Business 421 S.W. 3 ST. #15 421 S.W. 3 ST. #15 **APT 15** MIAMI FL 33130 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business 42/8W. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number 65-0610682 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent rawbless CHAMBLESS, GLADYS (P/O. Box Number is Not Acceptable) 421 SW 3 ST #15 MIAMI FL 33130 Zip Code 33730 laul-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. Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHAMBLESS, GLADYS NAME NAME 421 S.W. 3 ST. APT #15 STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE ABREU, ANISIA NAME 427 S.W. 3 STREET, APT #17 STREET ADDRESS STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete PEREZ, GENARA NAME 436 S.W. 2 STREET, APT. 4 STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE VILLAGARAS, GILBERTO NAME 459 S.W. 3 STREET, APT 20 STREET ADDRESS STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition VARGAS, ISMAEL NAME NAME 444 S.W. 2 STREET APT. #13 STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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