# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000107829

1. Entity Name
FGR RITZ 524 CORP.

FILED
07 FEB -7 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1390 BRICKELL AVENUE<br>STE 200<br>MIAMI, FL 33131 | 1390 BRICKELL AVENUE<br>STE 200<br>MIAMI, FL 33131 |

02062007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
65-1134299
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CASTILLO, ALVARO B PA<br>1390 BRICKELL AVENUE, SUITE 200<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ 2-6-07
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, 2007 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERNANDEZ CANDIA, RAMIRO MARIA<br>799 CRANDON BLVD, #608<br>KEY BISCAYNE, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERNANDEZ CANDIA, GONZALO MARIA<br>799 CRANDON BLVD, #608<br>KEY BISCAYNE, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900088063009<br>02/13/07--01001--030 **158.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERNANDEZ CANDIA, FRANCISCO M<br>799 CRANDON BLVD, #608<br>KEY BISCAYNE, FL 33149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CASTILLO, ALVARO<br>1390 BRICKELL AVE,STE 200<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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 like empowered.

**SIGNATURE:** _____ Alvaro Castillo 2-6-07 (305) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #