2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # P01000047834 1. Entity Name 05-01-2006 90321 002 ***150.00 RICF BEACH, INC. Principal Place of Business Mailing Address 3400 NE 34 STREET STE 101 FT LAUDERDALE FL 33308 3400 NE 34 STREET STE 101 FT-LAUDERDALE FL-33308 2. Principal Place of Business 3. Mailing Address 2700 NORTH 29Th 2700 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) #108 # 108 City & State City & State 4. FEI Number Applied For 06-1629306 40LLYWOOT 40LLY WOOD Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 1) SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JERRY E ARON PA Street Address (P.O. Box Number is Not Acceptable) 2505 METROCENTRE BLVD WEST PALM BEACH FL 33407 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, typed or printed name of registered againt and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition NAME RICHTER, SAM NAME 2700 NORTH 29th AVE # 108 STREET ADDRESS STREET ADDRESS 9400 NE 94 STREET STE 101 CITY-ST-ZIP FT-LAUDERDALE-FL-33308 CITY-ST-ZiP HOLLYWOOD, FL 33020 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition RTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-Z!P ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in 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 supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the receiver or trustee if changed, or on an attachment with an a

4/11/06

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