


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P0100011289</b> 1. Entity Name <b>RIO YUMURI ENTERPRISES INC.</b>	
---	---

Principal Place of Business <b>2322 NW 7 STREET MIAMI, FL 33125</b>	Mailing Address <b>192 EAST 14TH STREET HIALEAH, FL 33010</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2654795</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OVIEDO, JOSE A  
192 EAST 14TH STREET  
HIALEAH, FL 33010**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PENA, OFELIA M 442 EAST 19TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ELIAS, ELIAS G 33 SW 20 AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OVIEDO, JOSE A 192 EAST 14TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELIAS, ALBERTO 815 ORTEGA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OVIEDO, ASUNCION G 190 EAST 14TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000649156  
03/07/07-80038-002 150.00

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:** \_\_\_\_\_ **02/21/07** **(305) 884-2939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #