FILED Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90027 049 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam		P02000022 RTIES, INC.			a# 9					
Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131 US			Mailing Address 123 S.E. THIRD AVE. #404 MIAMI, FL 33131 US			40064252				
MIAMI, FL 33131 US 2. Principal Place of Business - No P.O. Box #			MIAMI, FL 33131 US 3. Mailing Address							
Suite, Apt. #, etc.			750 Third Circle Suite, Apr. #, etc. #106			03112008	Chg-P	CR2E034		1881 II IERI
City & State			City & State Vero Beach		4. FEI Numb	-			plied For	
Zip	(Country	Zip Count 32962 US			30-004 5. Certificate	of Status Desired		3.75 Add	
6. Name and Address of Current F						7. Name and Address of New Registered Agent				
AHAH, L.C. 750 THIRD CIRCLE, #106					Name Unlimited Source Marketing Company Street Address (P.O. Box Number is Not Acceptable)					
SUITE 263		160	750-T			hird Circ	cle, #106			
VERO BEACH, FL 32962					_	o Beach		FL	Zip Cod 32	962
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		na Collins, inted name of registered agent as	id when reinstating)		3/21 DATE	/08				
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution.										
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DI	RECTORS	3 IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149. 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 is that 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: Gyorgy Fenyo, President 3/21/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deptime Phone 6										
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