2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039031

Entity Name: RITA CAR CORPORATION

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2699 COLLINS AVENUE 1259 NORMANDY DRIVE SUITE 110 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

2699 COLLINS AVE STE #110 1259 NORMANDY DRIVE SUITE 110 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33140

FEI Number: 20-4687248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODRIGUEZ, ANTONIO A
1902 SW 124 PL
MIAMI, FL 33140 US

RODRIGUEZ, ANTONIO A
1902 SW 124 PL
MIAMI, FL 33175 US

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.

SIGNATURE: ANTONIO A RODRIGUEZ 04/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: (X) Change () Addition CASERO, LUIS MARIA CASERO, LUIS MARIA Name: Name: 1259 NORMANDY DR 1259 NORMANDY DR Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete Title: P () Change (X) Addition Name: RSCOLIERI, SUSANA O MRS Address: Address: 1259 NORMANDY DRIVE City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete Title: S () Change (X) Addition Name: CASERO, FERNANDA M MS

 Name:
 CASERO, FERNANDA MI

 Address:
 Address:
 1259 NORMANDY DRIVE

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33141

Title: () Delete Title: T () Change (X) Addition
Name: Name: CASERO, ALEJANDRA M MS
Address: Address: 1259 NORMANDY DRIVE

 Address:
 Address:
 1259 NORMANDY DRIVE

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS M CASERO D 04/25/2007