

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 003 ***158.75

DOCUMENT # P02000042382					
1. Entity Name CENTRO INMOBILIARIO RYC, INC.					
Principal Place of Business 18501 PINES BLVD. STE #300 PEMBROKE PINES, FL 33029			Mailing Address 18501 PINES BLVD. STE #300 PEMBROKE PINES, FL 33029		
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 11-3658862	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEREZ, M. MARIO 18501 PINES BLVD, STE #300 PEMBROKE PINES, FL 33029				7. Name and Address of New Registered Agent Name: <u>West International Consulting, LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>18501 Pines Blvd., Ste 337</u> City: <u>Pembroke Pines</u> FL Zip Code: <u>33029</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Dania Viñuela</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>03/07/08</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V REYNALDO, BENITO RUIZ T 18501 PINES BLVD. PEMBROKE PINES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, M. MARIO 18501 PINES BLVD. PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, M. MARIO 18501 PINES BLVD. PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-S Perez Garcia, Mario 18501 Pines Blvd. Pembroke Pines, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, M. MARIO 18501 PINES BLVD PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <u>PRES. M. Mario Perez</u> <u>03/07/08</u> <u>954-237-2301</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40043371



03072008 Chg-P CR2E034 (12/06)