2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attac

SIGNATURE:

Secretary of State DOCUMENT # P02000135621 02-02-2006 90081 007 ***150 00 1. Entity Name R.E.T.C., INC. Principal Place of Business Mailing Address 3181 NW 36TH AVE 3181 NW 36TH AVE MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 11-3676769 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTOTO, TEDDY L ESQ. Street Address (P.O. Box Number is Not Acceptable) 7721 SW 62 AVENUE NW **SUITE 101** MIAMI, FL 33143 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. agent and title 4 apparable Signature, typed or pr (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ESPINOSA, MILAGROS NAME NAME 3181 NW 369Ve STREET ADDRESS 900 NW 29TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CiTY-ST-ZIP MIAMILEC TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ 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 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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 02, 2006 8:00 am