

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90027 019 \*\*\*158.75

DOCUMENT # P03000010123

1. Entity Name  
RCH PROPERTIES INC.



Principal Place of Business  
777 BRICKELL AVE  
SUITE 1390  
MIAMI, FL 33131

Mailing Address  
777 BRICKELL AVE  
SUITE 1390  
MIAMI, FL 33131

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2. Principal Place of Business - No. P.O. Box #  
777 Brickell Ave  
Suite, Apt. #, etc. #1010

3. Mailing Address  
777 Brickell Ave  
Suite, Apt. #, etc. #1010

03132008 Chg-P CR2E034 (12/06)

City & State  
Miami FL  
Zip 33131 Country USA

City & State  
Miami FL  
Zip 33131 Country USA

4. FEI Number  
81-0592946  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABRE, FRANK R.S. ESQ.  
2310 COUNTRY CLUB PRADO  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME DPST  
STREET ADDRESS HENRIQUEZ, MARIO  
CITY-ST-ZIP 777 BRICKELL AVE., #1390  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME AS  
STREET ADDRESS FABRE, FRANK R.S.  
CITY-ST-ZIP 2310 COUNTRY CLUB PRADO  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/08 (305) 381-8790  
Date Daytime Phone #