2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028460

1. Entity Name
RET PROPERTIES INC.

Principal Place of Business	Mailing Address
15600 NW 83RD PLACE MIAMI, FL 33016	15600 NW 83RD PLACE MIAMI, FL 33016

DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1874608
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONS, MARGARITA M
1581 BRICKELL AVE.
APT. #1902
MIAMI, FL 33129

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000506420
04/27/06-80021-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ARTURO E
STREET ADDRESS	15600 NW 83RD PLACE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	V
NAME	RODRIGUEZ, GUILLERMO
STREET ADDRESS	15600 NW 83RD PLACE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	S
NAME	RODRIGUEZ, NORMA
STREET ADDRESS	15600 NW 83RD PLACE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	T
NAME	PONS, MARGARITA M
STREET ADDRESS	1581 BRICKELL AVENUE, APT 1902
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] MARGARITA PONS 4/10/06 305 728-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #