

ANNUAL REPORT (AR)

DOCUMENT # P03000068517

1. Entity Name

RIOS MORENO INVESTMENTS, INC.



FILED
Mar 14, 2007 08:00 AM
Secretary of State



Principal Place of Business
12950 NW 107 COURT
MIAMI FL 33178

Mailing Address
12950 NW 107 COURT
MIAMI FL 33178

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-0955283

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

RIOS, JOSE
12950 NW 107 COURT
MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|--------------------|----------------|---------------------------------|
| P | RIOS, JOSE | 12950 NW 107 COURT | MIAMI FL 33178 | <input type="checkbox"/> |
| V | MORENO, GUSTAVO | 12950 NW 107 COURT | MIAMI FL 33178 | <input type="checkbox"/> |
| V | RIOS, LUCY | 12940 NW 107TH CT | MIAMI FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|---------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

3/17/07