2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P03000095450** 05-03-2004 91233 032 ***158.75 RICKY BUILDERS SERVICES INC. Principal Place of Business Mailing Address 8080 TATUM WATERWAY DRIVE #15 8080 TATUM WATERWAY DRIVE #15 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04302004 Chq-P Applied For City & State City & State 4. FEI Number 20-0195099 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent Name GOMES, RICARDO J --Street Address (P.O. Box Number is Not Acceptable) 8080 TATUM WATERWAY DRIVE #15 MIAMI BEACH, FL 33141 City 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 divegiste ed agent. SIGNATURE ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. > After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition MILE ☐ Delete TITLE ☐ Change GOMES, RICARDO J NAME NAME STREET ADDRESS 8080 TATUM WATERWAY DRIVE #15 STREET ADDRESS CITY-ST-7IP MIAMI BEACH, FL 33141 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CAPIN, FERNANDA NAME NAME STREET ADDRESS 8080 TATUM WATERWAY DRIVE #15 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33141 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME T NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE 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 exemption stated in Section 119.07(3)(i). 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 of 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 03, 2004 8:00 am