JUL-05-2006 01:00 PM HURTADO

FILED
Jul 13, 2006 8:00 am
Secretary of State
07-13-2006 90021 044 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

50022407

05022006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000098125

1. Entity Name
RIGGS CIRCLE HOLDINGS, INC.

Principal Place of Business
540 RIGGS CIRCLE
DAVENPORT, FL 33897

Mailing Address
540 RIGGS CIRCLE
DAVENPORT, FL 33897

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-1969241
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ARVESU, MANUEL M ESQ.
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name Benjamin Bohlmann
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive #1406
City Miami FL Zip Code 33131

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 Benjamin Bohlmann / CPA
Signature of new or former registered agent (if applicable) (NOTE: Registered agent signature required when changing) DATE

FILE NOW!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	HURTADO SOUCRE, ISMAEL ELIEZAR	
STREET ADDRESS	540 RIGGS CIRCLE	
CITY-ST-ZIP	DAVENPORT, FL 33897	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TITLE OF CHAIRMAN OR VICE CHAIRMAN OF BOARD OF DIRECTORS OR OFFICER OR DIRECTOR

X 07/05/2006
Date Daytime Phone #