

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90002 018 \*\*\*150.00

<b>DOCUMENT # P03000145033</b> 1. Entity Name <b>RINO DEVELOPMENT CORP.</b>					
Principal Place of Business <b>2821 COACOOCHEE ST. COCONUT GROVE, FL 33133</b>			Mailing Address <b>2821 COACOOCHEE ST. COCONUT GROVE, FL 33133</b>		
2. Principal Place of Business <b>2829 Bird Ave</b> Suite, Apt. #, etc. <b>STE 7</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		<b>50025033</b> 	
City & State <b>COCONUT GROVE FL</b>		City & State		4. FEI Number <b>20-0489111</b>	
Zip <b>33133</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANTAMARIA, JUAN JOSE</b> <b>2821 COACOOCHEE ST. 2829 Bird Ave # 7</b> <b>COCONUT GROVE, FL 33133 COCONUT GROVE FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <b>8/4/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SANTAMARIA, JUAN JOSE</b> <input type="checkbox"/> Delete <b>2821 COACOOCHEE ST.</b> <b>COCONUT GROVE, FL 33133</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. <b>JUAN JOSE SANTAMARIA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2829 Bird Ave # 7</b> <b>COCONUT GROVE, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>8/4/06</b> <small>Daytime Phone #</small>		