2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000013513

1. Entity Name
RIZOGM CORP.

Principal Place of Business	Mailing Address
3345 SW 73 AVE RD MIAMI, FL 33155	3345 SW 73 AVE RD MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01242006   Chg-P   CR2E034 (11/05)

4. FEI Number
20-0985172

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIZO, GERARDO 3345 SW 73 AVE RD MIAMI, FL 33155	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 _Gerardo R. Zo_

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

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **PD** NAME **RIZO, GERARDO** STREET ADDRESS **3345 SW 73 AVE RD** CITY-ST-ZIP **MIAMI, FL 33155** ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **VD** NAME **CASTILLO, MARCEDES M** STREET ADDRESS **3345 SW 73 AVE. RD.** CITY-ST-ZIP **MIAMI, FL 33155** ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 0000650817 00 02/02/06--01025--002 **150.00	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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: _Gerardo Rizo_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #