


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000041280**


1. Entity Name  
**RICARDO R. CONDE INC**



Principal Place of Business  
**P O BOX 112  
 DOVER, FL 33527**

Mailing Address  
**P O BOX 112  
 DOVER, FL 33527**

**DO NOT WRITE IN THIS SPACE**



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2407793</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CONDE, RICARDO R  
 14206 MELOUGA PRESSERVE TRAIL  
 DOVER, FL 33527**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CONDE, RICARDO R P O BOX 112 DOVER, FL 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONDE, OLGA P O BOX 112 DOVER, FL 33527</b>
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 04/15/08-80026-025 150.00

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 or other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3-31-08**

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