2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # P04000089394 1. Entity Name RIALTO DEVELOPERS, INC. Principal Place of Business Malling Address 3764 NW 207 TERRACE 3764 NW 207 TERRACE AVENTURA, FL 33180 AVENTURA, FL 33180 CR2E034 (11/05) 01212006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1246118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARJI, ISIDORO DO NOT WRITE **3764 NW 207 TERRACE** AVENTURA, FL 33180 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FARJI, ISIDORO MARKE STREET ADDRESS **3764 NW 207 TERRACE** 11000000495868 CITY-ST-ZIP AVENTURA, FL 33180 04/21/06-80028-010 150.00 mue NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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12. I hereby certify that the information supplied with this tilling 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.

PIGNATURE 4/3/0

NAME STREET ADDRESS CITY-ST-ZIP