

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000092612

**FILED  
Jun 12, 2006  
Secretary of State**

**Entity Name:** RIBAS FINANCIAL SERVICES INC.

**Current Principal Place of Business:**

1840 SW 29 AVENUE  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1840 SW 29 AVENUE  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 20-1439548      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIBAS PENICHER, LISETTE  
1840 SW 29 AVENUE  
MIAMI, FL 33145    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P            ( ) Delete  
Name: RIBAS PENICHER, LISETTE  
Address: 1840 SW 29 AVENUE  
City-St-Zip: MIAMI, FL 33145

Title:                    ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D            (X) Change ( ) Addition  
Name: RIBAS PENICHER, LISETTE  
Address: 1840 SW 29 AVENUE  
City-St-Zip: MIAMI, FL 33145

Title: P            ( ) Change (X) Addition  
Name: RIBAS, JORGE  
Address: 1840 SW 29 AVENUE  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISETTE RIBAS PENICHER

D

06/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date