

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90067 047 \*\*\*150.00

**DOCUMENT # P04000171523**

1. Entity Name  
**RIOS REALTY SERVICES, INC.**



Principal Place of Business  
**2645 EXECUTIVE PARK DR.  
118  
WESTON, FL 33331**

Mailing Address  
**19517 NORTH COQUINA WAY  
WESTON, FL 33332**

40107200

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**13-4290901**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EISLER, MICHAEL J  
1528 WESTON ROAD  
WESTON, FL 33326**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 10

TITLE  
NAME **S** ☐ Delete  
STREET ADDRESS **RIOS, NORMA**  
CITY- ST- ZIP **19517 NORTH COQUINA WAY  
WESTON, FL 33332**

TITLE  
NAME **S/D** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME **P** ☐ Delete  
STREET ADDRESS **FLANAGAN, MARILYN**  
CITY- ST- ZIP **4266 E. SENECA AVE.  
WESTON, FL 33332**

TITLE  
NAME **P/D** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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:

*Marilyn Flanagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/2007*  
Date

Daytime Phone #