


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 034 ***150.00

DOCUMENT # P05000004844					
1. Entity Name RICARON INC					
Principal Place of Business 1908 ONYX CT KISSIMMEE, FL 34743			Mailing Address 1908 ONYX CT KISSIMMEE, FL 34743		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2138953				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMROENTERPRISES & ACCOUNTING SVC INC 2006 MICHIGAN AVE KISSIMMEE, FL 34744			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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DIAZ, ANA J		<input type="checkbox"/> Delete		
STREET ADDRESS 1908 ONYX CT	KISSIMMEE, FL 34743		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP		
TITLE VP	NAME DIAZ, RICARDO		<input type="checkbox"/> Delete		
STREET ADDRESS 1908 ONYX CT	KISSIMMEE, FL 34743		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		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: <i>Ricardo Diaz</i>			4-25-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		