


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90857 013 ***150.00

DOCUMENT # P05000004844

1. Entity Name
RICARON INC



Principal Place of Business Mailing Address

1908 ONYX CT 1908 ONYX CT
 KISSIMMEE, FL 34743 KISSIMMEE, FL 34743

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

15047 Braywood Trl. **15047 Braywood Trl.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Orlando, FL **Orlando, FL**

Zip Country Zip Country

32824 **USA** **32824** **USA**

4. FEI Number Applied For

20-2138953 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

01252007 Chg-P CR2E034 (12/06)



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 **Ricardo Diaz**

Street Address (P.O. Box Number is Not Acceptable)

15047 Braywood Trl.

City **Orlando** State **FL** Zip Code **32824**

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:  DATE: **4-27-07**

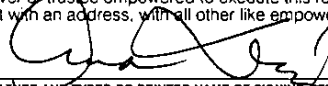
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 11 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, ANA J | NAME | |
| STREET ADDRESS | 1908 ONYX CT | STREET ADDRESS | 15047 Braywood Trl. |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | CITY-ST-ZIP | Orlando, FL 32824 |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, RICARDO | NAME | |
| STREET ADDRESS | 1908 ONYX CT | STREET ADDRESS | 15047 Braywood Trl. |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | CITY-ST-ZIP | Orlando, FL 32824 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| 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:  Date: **4/27/07** Daytime Phone #: **(407) 791-7929**

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