
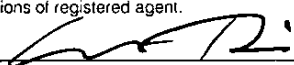
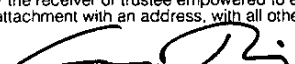


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90159 008 ***158.75

DOCUMENT # P05000026004 1. Entity Name RIOS CONTINENTALES, CORP					
Principal Place of Business 232 N.E. 12 TH AVENUE 401 D HALLANDALE, FL 33009 US			Mailing Address 232 N.E. 12 TH AVENUE 401 D HALLANDALE, FL 33009 US		
2. Principal Place of Business 482 Palm Ave Suite, Apt. #, etc.		3. Mailing Address 482 Palm Ave Suite, Apt. #, etc.		04192006 Chg-P CR2E034 (11/05) 4. FEI Number 20-2372998	
City & State Hialeah		City & State Hialeah		Applied For <input type="checkbox"/> Not Applicable	
Zip 33010		Country MIAMI-DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIOS, OTTO R 232 N.E. 12 TH AVENUE 401 D HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name OTTO R. Rios Street Address (P.O. Box Number is Not Acceptable) 1675 W. 3 AVE City Hialeah FL Zip Code 33010		
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  04/24/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 RIOS, OTTO R STREET ADDRESS 232 N.E. 12 TH AVENUE, SUITE 401 D CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1675 W. 3 AVE CITY-ST-ZIP Hialeah, FL 33010	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RIOS, OTTO R STREET ADDRESS 232 N.E. 12 TH AVENUE, SUITE 401 D CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1675 W. 3 AVE CITY-ST-ZIP Hialeah, FL 33010	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  OTTO R. Rios - President			Date 4/24/06 Daytime Phone # (305) 885-2213		