
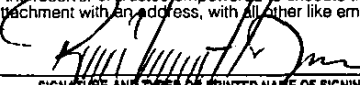


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90028 006 ***150.00

DOCUMENT # P05000162002 1. Entity Name R.Y.D. INVESTMENTS CORPORATION																											
Principal Place of Business 700 BILTMORE WAY UNIT 405 CORAL GABLES, FL 33134		Mailing Address 700 BILTMORE WAY UNIT 405 CORAL GABLES, FL 33134																									
2. Principal Place of Business 7405 Collins Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 144827 Suite, Apt. #, etc.																									
City & State MIAMI BEACH FL Zip 33141		City & State CORAL GABLES FL Zip 33114																									
Country USA		Country USA																									
4. FEI Number 20-3925273		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 DEUS, ROSA 700 BILTMORE WAY UNIT 405 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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																									
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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: 		2/17/06 R Deus 305-864-6865																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									