## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P06000034538 02-12-2007 90088 012 \*\*\*158.75 RITSA CONSTRUCTION INC. Principal Place of Business Mailing Address 1833 BRANCH FORBES RD. 1833 BRANCH FORBES RD. **LOT 38** LOT 38 PLANT CITY, FL 33565 PLANT CITY, FL 33565 2. Principal Place of Business - No P.O. Box 3. Mailing Address 5214 Gabby <u>5214 Gabbu</u> Suite, Apt. #, etc. Suite, Apt. #, etc 01092007 Chg-P CR2E034 (12/06) 5214 5214 City & State 4. FEI Number Applied For City & State FI 20-4468318 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33565 Hilldowad 11H Hillstorough 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALENCIA, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 1833 BRANCH FORBES RD **LOT 38** PLANT CITY, FL 33565 Zip Code City Plant 33515 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete (Z) Change TITLE TITLE Dominguez-Garcia Israel DOMINGUEZ-GARCIA, ISRAEL NAME NAME 1833 BRANCH FORBES RD. LOT 38 STREET ADDRESS Gabby STREET ADORESS 3565 CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-ZIF MLE ☐ Delete TITLE Change ■ Addition VALENCIA, VICTORIA NAME NAME Valencia 1833 BRANCH FORBES RD. LOT 38 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANT CITY, FL 33565 Delete TIRE Change ☐ Addition TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE IM F ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP lied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ddress, with all other like empowered. 12. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver changed, or on an attachment w SIGNATURE:

FILED

Feb 12, 2007 8:00 am