

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128409

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** THE RIO BROWN CORPORATION

**Current Principal Place of Business:**

5123 CHATSWORTH AVENUE  
TAMPA, FL 33625

**New Principal Place of Business:**

718 W MARTIN LUTHER KING BLVD  
SEFFNER, FL 33584

**Current Mailing Address:**

5123 CHATSWORTH AVENUE  
TAMPA, FL 33625

**New Mailing Address:**

1618 ALDER WAY  
BRANDON, FL 33510 HI

**FEI Number:** 56-2616260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, JOSEPH L  
2522 WEST KENNEDY BOULEVARD  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KING, SHARON L  
Address: 5123 CHATSWORTH AVENUE  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KING, SHARON L  
Address: 1618 ALDER WAY  
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SHARON KING

PRES

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date