2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2007 8:00 am Secretary of State

Pyric pol Place of Business	DOCU 1. Entity Nam RICOM T				05-31-2007	90001 032 ***15	0.00		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 99232007 Chg.P CR2E034 (121065) Chry & State Chry & State Chry & State Apriled For 32-O 8 C Y No. Applicable Applied For 32-O 8 C Y No. Applied For 32-O 9 C	70 SW 115 AVE		70 SW 115 AVE			J & ~ - 41 1 1 13 11 13	15 X 10 16 10 10 18 10 10 10 10 10 10 10 10 10 10 10 10 10	 	
City & State Country Country Country Country State Desired State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05232007	Chg-P	CR2E034 (12/06)		
Name and Address of Current Registered Agent	City & State		City & State				→ →	·	
MORALES, RICARDO 70 SW 115 AVE MIAMI, FL 33174 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Poride. I am familier with, and accept the obligations of registered agent. SIGNATURE FILE NOWITE FEE IS \$150.00 Pure by September 14, 2007 Prus Fund Contribution P	Zip	Country	Zip	Country	5. Certificat	e of Status Desired			
MORALES, RICARDO 70 SW 115 AVE MIAMI, FL 33174 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, lyped or profited registered agent and time if algoritative. (MOTF, Registered Agent agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. (MOTF, Registered Agent agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. (MOTF, Registered Agent agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. (MOTF, Registered Agent agent) (MOTF, Registered Agent agent) (MOTF, Registered Agent) (MOTF, Registered Agent agent) (MOTF, Registered Agent, or registered agent, or both, in the State of Florida. I am lamillar with, and accept the the prior notice. ITILE	1	6. Name and Address of Curren	t Registered Agent		7. Name an	d Address of New R	egistered Agent		
TO SW 115 AVE MIAMI, FL 33174 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Prorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submitte Submitt	MORALES	RICARDO	Name	Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE	70 SW 115	AVE `		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
8. The above harmed 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 SUBMATURE SUBMATURE SUBMA									
SIGNATURE Signature. Viproet or promoter name of registered agent and title if applicables. (NOTE, Registered Agent agrature required when rendauring). DATE FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 OFFICERS AND DIRECTORS I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FITE MORALES, RICARDO SIREET ADDRESS CITY-ST-2P ITILE NAME SIREET ADDRESS CITY-ST-				~~					
Signature. Injused or printed have of legistreed agreen and time	the obligations of registered agent.								
Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP T									
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786-286-9186