


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90032 037 \*\*\*550.00

**DOCUMENT # P94000028602**

1. Entity Name  
**DE RIDDER CORPORATION**



Principal Place of Business  
**4406 S.W. 132ND PLACE**  
**MIAMI, FL 33175**

Mailing Address  
**P.O. BOX 832603**  
**MIAMI, FL 33283**

40121634



2. Principal Place of Business - No P.O. Box #  
**13953 SW 66 STREET**

3. Mailing Address  
**P O BOX 832603**

Suite, Apt. #, etc.  
**APT 206B**

03062007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0494664**

Applied For  
 Not Applicable

Zip  
**33183**

Country  
**MIAMI-0008**

Zip  
**33283**

Country  
**MIAMI-0008**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DE RIDDER, PHILIPPE**  
**4406 S.W. 132ND PLACE**  
**MIAMI, FL 33175**

7. Name and Address of New Registered Agent

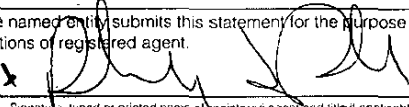
Name **PHILIPPE DE RIDDER**

Street Address (P.O. Box Number is Not Acceptable)  
**13953 SW 66 STREET**

**APT 206B**

City **MIAMI** **FL** Zip Code **33283**

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  DATE **3/7/07**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DE RIDDER, PHILIPPE	4406 S.W. 132ND PLACE	MIAMI, FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	PHILIPPE DE RIDDER	13953 SW 66 STREET APT 206B	MIAMI FL 33183	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **3/7/07** DAYTIME PHONE # **305-905-3208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR