

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 018 ***150.00

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1. Entity Name

RITER INVESTMENTS CORPORATION



Principal Place of Business

**RICHARD HERRERA
1801 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address

**RICHARD HERRERA
PO BOX 141294
CORAL GABLES FL 33114**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **65-0508084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRERA, JOHN ESQ
1801 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HERRERA, RICHARD**
STREET ADDRESS **PO BOX 141294**
CITY-ST-ZIP **CORAL GABLES FL 33114**

TITLE **P, VP, S, T** ☒ Change ☐ Addition
NAME **Richard Herrera**
STREET ADDRESS **PO Box 141294**
CITY-ST-ZIP **CORAL GABLES, FL. 33114**

TITLE **VPST** ☐ Delete
NAME **HERRERA, JOHN ESQ.**
STREET ADDRESS **1801 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P, VP, S, T** ☒ Change ☐ Addition
NAME **John Herrera, Esq.**
STREET ADDRESS **1801 Ponce De Leon Blvd**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **VP** ☐ Delete
NAME **HERRERA, ALEX**
STREET ADDRESS **P.O. BOX 141294**
CITY-ST-ZIP **CORAL GABLES FL 33114**

TITLE **P, VP, S, T** ☒ Change ☐ Addition
NAME **Alex Herrera**
STREET ADDRESS **PO Box 141294**
CITY-ST-ZIP **CORAL GABLES, FL. 33114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S, T** ☐ Change ☒ Addition
NAME **Teresa Herrera**
STREET ADDRESS **PO Box 141294**
CITY-ST-ZIP **CORAL GABLES, FL. 33114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3 31 08