
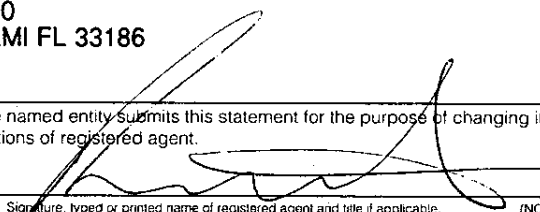


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90310 029 ***150.00

DOCUMENT # P94000055598			
1. Entity Name RICK'S REAL ESTATE CORPORATION			
Principal Place of Business 13500 N. KENDALL DRIVE 100 MIAMI FL 33186 US		Mailing Address 13500 N. KENDALL DRIVE 100 MIAMI FL 33186 US	
2. Principal Place of Business 13550 N. Kendall Drive Suite, Apt. #, etc. 270-A City & State Miami, FL Zip 33186 Country USA		3. Mailing Address 13550 N. Kendall Drive Suite, Apt. #, etc. 270-A City & State Miami, FL Zip 33186 Country USA	
4. FEI Number 65-0508264		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUAREZ, RICK J 13500 N KENDALL DRIVE #100 MIAMI FL 33186		7. Name and Address of New Registered Agent Name RICK J. SUAREZ Street Address (P.O. Box Number is Not Acceptable) 13550 N. Kendall Drive FL 270-A 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  (NOTE: Registered Agent signature required when reinstating) DATE 4/26/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUAREZ, RICHARD 14201 SW 153 AVE MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #