

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066070

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: RETAMA REAL ESTATE DEVELOPMENT, INC.

## Current Principal Place of Business:

CO RICHARD LOTHARIUS  
7750 MINDELLO STREET  
CORAL GABLES, FL 33143 US

## Current Mailing Address:

CO RICHARD LOTHARIUS  
7750 MINDELLO STREET  
CORAL GABLES, FL 33143 US

## New Principal Place of Business:

CO OCARIZ, GITLIN & ZOMERFELD, LLP  
999 PONCE DE LEON BLVD, SUITE 1045  
CORAL GABLES, FL 33134 US

## New Mailing Address:

CO OCARIZ, GITLIN & ZOMERFELD, LLP  
999 PONCE DE LEON BLVD, SUITE 1045  
CORAL GABLES, FL 33134 US

FEI Number: 65-0527328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE GRELLE, ALAIN  
176 W. MASHTA DRIVE  
KEY BISCAYNE, FL 33149 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: PD ( ) Delete  
Name: CUSTER, FELIPE A  
Address: 7750 MINDELLO STREET  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: S ( ) Delete  
Name: DE GRELLE, ALAIN  
Address: 176 W MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FELIPE A CUSTER

PD

04/29/2008

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

\_\_\_\_\_  
Date