2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # P96000027628** RILEA SHEST, INC. Principal Place of Business Mailing Address 1000 BRICKELL AVE STE 1015 1000 BRICKELL AVE STE 1015 MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P CR2E034 (11/05) 02182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0785083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OJEDA, ALAN DO NOT WRITE 1000 BRICKELL AVE STE 1015 MIAMI, FL 33131 IN THIS SPACE 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE OJEDA, ALAN NAME STREET ADDRESS 1000 BRICKELL AVE STE 1015 U000000884895 CITY-ST-ZIP MIAMI, FL 33131 04/17/08-80061-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 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 path; that I am an officer or director of the corporation or the receiver or fustee 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 1 STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #