

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000012515**

1. Entity Name  
R. I. C., INC.



Principal Place of Business 16795 NW 86TH CT. MIAMI, FL 33016 US	Mailing Address 16795 NW 86TH CT. MIAMI, FL 33016 US
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0730669	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ROLANDO  
16795 NW 86TH CT.  
MIAMI, FL 33016

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 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	P HERNANDEZ, ROLANDO 16795 NW 86TH CT. MIAMI, FL-33016
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*OR 1/30*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:19.07(3)(i), Florida Statutes, and 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: \_\_\_\_\_ (305) 823-5483 01/08/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #