


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90243 046 \*\*\*150.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # P97000020028</b><br>1. Entity Name<br><b>11 RIO LAS OLAS CORP.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>11 HENDRICKS ISLE<br/>FORT LAUDERDALE FL 33301</b>   |  |   | Mailing Address<br><b>11 HENDRICKS ISLE<br/>FORT LAUDERDALE FL 33301</b>   |   |  |
| 2. Principal Place of Business<br><b>Po Box 460280</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>Po Box 460280</b><br>Suite, Apt. #, etc. |  |   |  |
| City & State<br><b>Fort Lauderdale FL</b><br>Zip<br><b>33346</b>   |  | City & State<br><b>Fort Lauderdale FL</b><br>Zip<br><b>33346</b>  |  | 4. FEI Number <b>65-0754445</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>PAPP, ARPAD<br/>11 HENDRICKS ISLE<br/>FORT LAUDERDALE FL 33301</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Arpad Papp</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1819 S.E. 17<sup>th</sup> Street<br/>#905</b><br>City <b>Fort Lauderdale</b> FL <b>33316</b> |   |  |
| 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 re-registering) DATE _____   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00.</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>LAGERQUIST, MARTHA</b><br><b>11 HENDRICKS ISLE</b><br><b>FORT LAUDERDALE FL 33301</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1819-S.E.-17<sup>th</sup> street #905</b><br><b>Fort Lauderdale FL 33316</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 empowered. |  |   |  |   |  |
| SIGNATURE: <b>Marta Lagerquist</b> <b>Marta Lagerquist - Apr 17/06 - 954-328-2060</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |   |  |