


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> P97000081907	
1. Entity Name RILEA DEERWOOD, CORP.	

Principal Place of Business 1000 BRICKELL AVE SUITE 1015 MIAMI, FL 33131	Mailing Address 1000 BRICKELL AVE SUITE 1015 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

02182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0786189

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent

OJEDA, ALAN  
1000 BRICKELL AVE  
SUITE 1015  
MIAMI, FL 33131

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

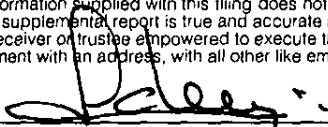
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO OJEDA, ALAN 1000 BRICKELL AVE, STE 1015 MIAMI, FL 33131
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04/17/08-80061-023-150.00

**DO NOT WRITE IN THIS SPACE**

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 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:**  **Feb 19, 08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #