

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000106954

1. Entity Name
RT REAL ESTATE CORPORATION



**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90021 008 ***150.00

Principal Place of Business
2745 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Mailing Address

50005119



01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0803643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARRERA, IGNACIO
2745 PONCE DE LEONBLVD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name *Marcos Santana*

Street Address (P.O. Box Number is Not Acceptable)

2745 Ponce de Leon Blvd.

City *Coral Gables* FL Zip Code *33134*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME IGNACIO, BARRERA
STREET ADDRESS 2745 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 33134

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Marcos Santana
2745 Ponce de Leon Blvd
Coral Gables, FL 33134*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #