## **2008 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Mar 18, 2008 08:00 A Secretary of State DOCUMENT # P99000036576 1. Entity Name RHECA, INC. Principal Place of Business Mailing Address 3325 S UNIVERSITY 3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR 210 DAVIE, FL 33328-2020 FORT LAUDERDALE, FL 33328 No Chg-P CR2E034 (11/05) 01102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0913032 Not Applicable Section 2 agreement great facilities have been been as the con-\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSS REALTY INVESTMENTS, INC. DO NOT WRITE 3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR DAVIE, FL 33328-2020 IN THIS SPACE groupe of they have been been been 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ROSS, BARRY 3325 S UNIVERSITY DR #210 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33328 · U00000862693 TITLE ORLAN, JEFFREY NAME 04/03/08-80057-020 150.00 STREET ADDRESS 3325 S UNIVERSITY DR STE 210 CITY-ST-7IP FORT LAUDERDALE, FL 33328 TITLE COHER, HAL J NAME STREET ADDRESS 10825 RICHMOND PLACE DO NOT WRITE CITY-ST-ZIP COOPER CITY, FL 33026 IN THIS SPACE 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 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:

TITLE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC