2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 14, 2006 08:00 AM Secretary of State DOCUMENT* # P99000049663 R.F. INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 1635 S.W. 15TH STREET MIAMI FL 33145 1635 S.W. 15TH STREET MIAM! FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0934170 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCO, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 1635 S.W. 15TH STREET **MIAMI FL 33145** City Zip Code 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, typica or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. SD TATLE Change Addition | TIDLE ☐ Delete NAME NAME FRANCO, ROLANDO JR U000000507825 STREET ADDRESS 1635 S.W. 15TH STREET STREET ADDRESS 04/27/06-80078-018 150.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 Delete ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Oetete Addition mu TITLE Change NAME NAME STREET AUGRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-202 Addition Delete 311(7 TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-787 CITY-ST-702 Delete ☐ Change ☐ Addition 33135 1III/F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachgrent, with an address, with all other like empowered.

FILED