## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 8:00 am Secretary of State

ANNOAL ILLI OILI						Secretary of State				
DOCUMENT # P99000052223  1. Entity Name RYBO 60 CORP.						02-03-2006 9	-			
Principal Place	e of Business	Mailing Address				<b>444</b>	11026			
140 INTRACOASTAL POINT DR, SUITE 410 JUPITER, FL 33477		140 INTRACOASTAL POINT DR, SUITE 410 JUPITER, FL 33477			1877 S 1877 A 677 A 6711	IBM Paiki silla Mari	E METS MADE (M	tarı (1 1981)		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252006	Chg-P	CR2E03	4 (11/05)			
City & State		City & State			4. FEI Numbe 65-093				plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	_ \$	8.75 Add ee Required	itional 1	
	6. Name and Address of Current					Address of New	Registered A	gent		
WAAGO BORR R				Name	155, Rob	h R				
	L POINCIANA PLAZA HC, FL 33480			Street Addres	SO (P.O. BOX NUMBER	r is Not Acceptal	"Way	Sult	e321	
				cipaln	Beach		FL	Zip Code	 4 <i>8</i> 0	
8. The above the obligat	named entity submits this statement for	or the purpose of changing its	register	ed office or regi	stered agent, or bot	h, in the State of	Florida. I am fa	miliar with,	and accept	
SIGNATURE.		M		d Agent sign ture req	uired meavelnstating)		- 31-0	6		
	Ignative typedia dipplaying to a registered agyri	1000 Com	E. negistere	n ydeut zigenna ied	dired #- Denstating)		DATE			
FIL After Ma	E NOW!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con	_	· - ·	\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	<del>"</del>	ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTOR:	S IN 11	
TITLE	PSTD	☐ Delete	TITU	E		· · · ·	' <b></b>	Change	Addition	
NAME	DEGÉORGE, LAWRENE F		NAM	-						
STREET ADDRESS CITY-ST-ZIP	140 INȚRACOASTAL POINT DF   JUPITER, FL 33477			ET ADDRESS - ST - ZIP						
TITLE	☐ Delete		TITLE					Change	☐ Addition	
NAME	_ 334.5		NAM	E						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			_	-ST-ZIP		<u></u>				
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TATL	E			<u>,</u>	☐ Change	Addition	
NAME			NAM	1						
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-\$1-zip						
TITLE		☐ Delete	TITL					☐ Change	☐ Addition	
NAME			NAA					•		
STREET ADDRESS			4	EET ADDRESS						
CITY-ST-ZIP			-1	-\$1-ZIP						
TITLE NAME		☐ Delete	TITL	3				☐ Change	☐ Addition	
STREET ADDRESS		•	1	EET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	СПА	'-\$T-ZIP						
12. I hereby	certify that the information supplied wit	hithis filing does not qualify f	or the ex	emptions conta	ined in Chapter 119	, Florida Statutes	. I further certif	y that the in	nformation or director	

indicated on this reportor 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 7451001 Daytime Phone #