

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90430 022 ***158.75

DOCUMENT # P99000078796

1. Entity Name
RITMOTCA.COM, INC.



Principal Place of Business
7790 WEST 25TH AVENUE
HIALEAH, FL 33016

Mailing Address
7790 WEST 25TH AVENUE
HIALEAH, FL 33016

94064368

2. Principal Place of Business
8000 W. 24 AVENUE
Suite, Apt. #, etc.
3

3. Mailing Address
PO BOX 545885
Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
SURFSIDE FL

Zip
33016

Country
USA

Zip
33154-5885

Country
USA



04142004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0938402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PARRON, IVAN J
7790 WEST 25TH AVENUE
HIALEAH, FL 33016

7. Name and Address of New Registered Agent
Name
IVAN PARRON
Street Address (P.O. Box Number is Not Acceptable)
8000 WEST 24 AVENUE BAY 13
City
HIALEAH FL Zip Code
33016

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 CFO IVAN PARRON DATE 4/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D PARRON, IVAN J 7790 WEST 25TH AVENUE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 545885 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRON, IVAN 7790 WEST 25TH AVENUE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 545885 SURFSIDE FL 33154
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CFO IVAN PARRON DATE 4/21/04 (305) 586-5458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR