


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90193 040 \*\*\*158.75

<b>DOCUMENT # 824884</b>					
1. Entity Name RIO RICO PROPERTIES INC.					
Principal Place of Business 275 RIO RICO DR. P O BOX 526000 RIO RICO, AZ 85648 US			Mailing Address 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134 US		
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 59-0953866	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
KERRIGAN, JUANITA I. 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVY, MICHAEL		NAME		
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCAIRY, CHARLES		NAME		
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA		NAME		
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GETMAN, DENNIS		NAME		
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOBIN, GUY		NAME		
STREET ADDRESS	275 RIO RICO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RIO RICO, AZ 85648		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: <u>DY: Juanita I. Kerrigan, VP/Sec'y</u> 4/15/05 (205) 442-7000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <u>JUANITA I. KERRIGAN</u>					

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