


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 824884**  
 1. Entity Name  
**RIO RICO PROPERTIES INC.**



Principal Place of Business <b>275 RIO RICO DR.          P O BOX 526000          RIO RICO, AZ 85648 US</b>	Mailing Address <b>201 ALHAMBRA CIR          12TH FLR          CORAL GABLES, FL 33134 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>59-0953866</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KERRIGAN, JUANITA I.  
 201 ALHAMBRA CIR  
 12TH FLR  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, MICHAEL 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCNAIRY, CHARLES 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KERRIGAN, JUANITA 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, DENNIS 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOBIN, GUY 275 RIO RICO DRIVE RIO RICO, AZ 85648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000555089  
 05/16/06-80021-001 158.75

**DO NOT WRITE IN THIS SPACE**

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: *Juanita I. Kerrigan, VP/Sec.* **4/24/06** (305) 442-7080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JUANITA I. KERRIGAN**