

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70254

FILED
May 13, 2005
Secretary of State

Entity Name: RICKY'S OIL SERVICE, INC.

Current Principal Place of Business:

7209 N.W. 66TH ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 669295
MIAMI, FL 331669430 US

New Mailing Address:

FEI Number: 59-2345576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICCI, CHRISTOPHER
2017 NW 182 AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICCI, CHRISTOPHER S
Address: 2017 NW 182ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: RICCI, CHRISTOPHER S
Address: 2017 NW 182ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: RICCI, CHRISTOPHER S
Address: 2017 NW 182ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: RICCI, CHRISTOPHER S
Address: 2017 NW 182ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER RICCI

P

05/13/2005

Electronic Signature of Signing Officer or Director

_____ Date