


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000064503

1. Entity Name  
 ASSAULTED PEPPER, INC.



Principal Place of Business 9342 MILLER ROAD MIAMI, FL 33165 US	Mailing Address 10250 SW 87 STREET MIAMI, FL 33173 US
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**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0787750	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIGMOND, RONNIE  
 10250 SW 87 STREET  
 MIAMI, FL 33173

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000328509  
 04/25/05-80077-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIGMOND, DAVID 10250 SW 87 ST. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SIGMOND, RONNIE 10250 SW 87 ST. MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Ronnie Sigmond* RONNIE SIGMOND 4/21/05 305-598-1440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #