


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000064503**

1. Entity Name  
**ASSAULTED PEPPER, INC.**



Principal Place of Business      Mailing Address

**9342 MILLER ROAD**      **10250 SW 87 STREET**  
**MIAMI, FL 33165 US**      **MIAMI, FL 33173 US**

**DO NOT WRITE IN THIS SPACE**



05042006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**01-0787750**      Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., this corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

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 05/20/06-80096-018 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronnie Sigmond

May 5, 2006 305-598-14

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