

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90174 049 ***150.00

DOCUMENT # 366838

1. Entity Name
RICKY FISHING TACKLE, INC.



Principal Place of Business
**7881 NW 55TH ST
MIAMI FLA, 33166**

Mailing Address
**7881 NW 55TH ST
MIAMI, FL 33166**

40067426



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1299647

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIANO, RICARDO
18015 NW 78 CT
MIAMI, FL 33015**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIANO, R J
STREET ADDRESS	18015 NW 78TH CT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	TD
NAME	RIANO, MANUEL R.
STREET ADDRESS	18015 NW 78TH COURT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	SD
NAME	RIANO, EDELMA C.
STREET ADDRESS	18015 NW 78 CT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VPD
NAME	RIANO, R.J. JR.
STREET ADDRESS	18015 NW 78 CT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

[Handwritten Signature]

APRIL 14-07

305 592-0146

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #