

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90026 038 ***150.00

DOCUMENT # 496303
1. Entity Name
RIFE MARKET RESEARCH, INC.



Principal Place of Business
1111 PARK CENTRE BLVD #111
MIAMI, FL 33169

Mailing Address
1111 PARK CENTRE BLVD #111
MIAMI, FL 33169

40010010



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1668861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKROOT, JOHN C
~~100 S.E. 2ND STREET~~ 1395 BRICKELL AVE
17TH FLOOR 14th FLOOR
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIFE, MARY 1012 STILLWATER DRIVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALMER PEDERSON, SANDRA 8219 NW 15 ST FORT LAUDERDALE, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SHERWIN, ELIZ 954 WAFFORD LANE BETHLEHEM, PA 18017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5 2005 305 6204244
Date Daytime Phone #