

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 497730 1. Entity Name RICHNUZZ, INC.			
Principal Place of Business 1700 S. OCEAN BLVD. #17D LAUDERDALE BY THE SEA FL 33062		Mailing Address 1700 S. OCEAN BLVD. #17D LAUDERDALE BY THE SEA FL 33062	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 	Country 	Zip 	Country
6. Name and Address of Current Registered Agent NUZZOLESE, RICHARD 1700 S. OCEAN BLVD. #17D LAUDERDALE BY THE SEA FL 33062		7. Name and Address of New Registered Agent Name <i>myself</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reconstituting) <small>Signature: typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE .. CD <input type="checkbox"/> Delete NAME NUZZOLESE, RICHARD STREET ADDRESS 1700 S. OCEAN BLVD., #17D CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33062	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 1101000452736 03/13/06-80011-025 150.00		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-1651387** ☐ Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard Nuzzolese* **RICHARD NUZZOLESE** *2/27/06* *954-788-7513*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #