

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90005 041 \*\*\*150.00

**DOCUMENT # G01950**

1. Entity Name  
**RICH WOODWORKING CORP.**



Principal Place of Business

% HOWARD RICH  
98 N.W. 29TH ST.  
MIAMI, FL 33127

Mailing Address

% HOWARD RICH  
98 N.W. 29TH ST.  
MIAMI, FL 33127

2. Principal Place of Business

5626 NW 161 ST

3. Mailing Address

5626 NW 161 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272006

Chg-P

CR2E034 (11/05)

City & State

MIAMI Gardens, FL

City & State

MIAMI Gardens, FL

4. FEI Number

59-1098944

Applied For

Not Applicable

Zip

33014

Country

MIAMI/DADE

Zip

33014

Country

MIAMI/DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICH, HOWARD  
98 N.W. 29TH ST.  
MIAMI, FL 33127

5626 NW 161 ST  
MIAMI Gardens, FL 33014

7. Name and Address of New Registered Agent

Name

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME RICH, HOWARD  
STREET ADDRESS 98 NW 29 ST.  
CITY-ST-ZIP MIAMI, FL 33127

TITLE V.P.  
NAME SHAWN RICH  
STREET ADDRESS 5626 N.W. 161 ST  
CITY-ST-ZIP MIAMI FLA 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P.  
NAME SHAWN RICH  
STREET ADDRESS 5626 N.W. 161 ST  
CITY-ST-ZIP MIAMI FLA 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06 3055339142

Date

Daytime Phone #