


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # G69017
1. Entity Name
RITA GLASSMAN PUBLIC RELATIONS INC.



Principal Place of Business Mailing Address
P. O. BOX 561625 P. O. BOX 561625
MIAMI, FL 33256 MIAMI, FL 33256

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number: **59-2325905** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
GLASSMAN, RITA
13611 DEERING BAY DR #901
CORAL GABLES, FL 33158

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GLASSMAN, RITA 13611 DEERING BAY DR #901 MIAMI, FL 33158
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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: Rita Glassman Pres. RITA GLASSMAN Date: 4/10/06 Daytime Phone #: 305-259-5002