

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G82340

FILED
Feb 10, 2006
Secretary of State

Entity Name: RICHMAN PROPERTIES, INC.

Current Principal Place of Business:

16585 N.W. 2 AVENUE
2ND FLOOR
NORTH MIAMI BEACH, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

16585 N.W. 2 AVENUE
2ND FLOOR
NORTH MIAMI BEACH, FL 33169 US

New Mailing Address:

FEI Number: 59-2369765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELOFF, JONATHAN D.
6525 ALLISON ROAD
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: RICHMAN, PETER J,
Address: 16585 N.W. 2ND AVE., 2ND FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: VT () Delete
Name: RICHMAN, HARVEY M
Address: 16585 N.W. 2 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. RICHMAN

PS

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date