2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K07424

1. Entity Name RICHBUILT OF BOCA, INC.



Principal Place of Business

JEROME RICH 2882 TENNIS CLUB DR. WEST PALM BEACH, FL 33417 Mailing Address

JEROME RICH 2882 TENNIS CLUB DR. WEST PALM BEACH, FL 33417

FILED Jan 17, 2008 08:00 A Secretary of State



01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0021461 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICH, JEROME 2882 TENNIS CLUB DRIVE WEST PALM BEACH, FL 33417

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	named entity submits this statement for the p tions of registered agent.	urpose of changing its regis	tered office or re	gistered agent, or b	oth, in the State of Florida. I am fami	liar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and little if	applicable. (NOTE: Regis	lered Agent signature r	equired when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	T T	 	<u>. </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICH, JEROME 3535 WINDSOR PLACE BOCA RATON, FL 33496 VP RICH, JODI 3535 WINDSOR PLACE BOCA RATON, FL 33496				01/17/08-80074-0	05 150.00
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	T RICH, JODI 3535 WINDSOR PLACE BOCA RATON, FL 33496				NOT WRITE THIS SPACE	,

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 duster improvement to execute his peptra 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:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08. 561-471-0800

Daytime Phone #