

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K34566

1. Entity Name
R & S OF CHARLOTTE COUNTY, INC.



Principal Place of Business
13250 ARCH CREEK TERRACE
NORTH MIAMI, FL 33181 US

Mailing Address
13250 ARCH CREEK TERRACE
MIAMI, FL 33181 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11302004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0083552

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIERICO, PAULA
13250 ARCH CREEK TERRACE
NORTH MIAMI, FL 33135

Name BARBARA MILLER

Street Address (P.O. Box Number is Not Acceptable)

2015 ARCH CREEK DRIVE

City NORTH MIAMI,

FL

Zip Code 33181

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

Barbara Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHIERICO, PAULA
STREET ADDRESS 13250 ARCH CREEK TERRACE
CITY-ST-ZIP N. MIAMI, FL 33181 ☒ Delete

TITLE P
NAME BARBARA MILLER
STREET ADDRESS 2015 ARCH CREEK DRIVE
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☐ Change ☐ Addition

TITLE VT
NAME CHIERICO, RICHARD
STREET ADDRESS 3475 W. FLAGLER ST.
CITY-ST-ZIP MIAMI, FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200043168482
12/03/04--01025--012 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Dr 12/3

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/04

Date

(305)891-1580

Daytime Phone #