

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90035 005 \*\*\*150.00

**DOCUMENT # L82451**

1. Entity Name

RICHANI, INC.



Principal Place of Business

C/O AFIF RICHANI  
13195 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156

Mailing Address

C/O AFIF RICHANI  
13195 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156

2. Principal Place of Business

C/O AIDA RICHANI

3. Mailing Address

C/O AIDA RICHANI

Suite, Apt. #, etc.

13195 S. DIXIE HWY

Suite, Apt. #, etc.

13195 S. DIXIE HWY

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0203256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHANI, AIDA  
13105 SW 112 CT  
MIAMI FL 33156

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

*Aida Richani*

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | RICHANI, AIDA        |                                 |
| STREET ADDRESS | 13105 S.W. 112 CT    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33176       |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | RICHANI, HIND        |                                 |
| STREET ADDRESS | 13105 SW 112TH COURT |                                 |
| CITY-ST-ZIP    | MIAMI FL 33176       |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | RICHANI, OMAR        |                                 |
| STREET ADDRESS | 13105 SW 112TH COURT |                                 |
| CITY-ST-ZIP    | MIAMI FL 33176       |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:

*Aida Richani*

AIDA RICHANI, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 251-8290

Daytime Phone #