

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # M96296**

1. Entity Name  
**RICKY ASSOCIATIONS, INC.**



Principal Place of Business  
**C/O DONALD MYMAN  
6901 EDGEWATER DRIVE  
CORAL GABLES, FL 33133**

Mailing Address  
**C/O DONALD MYMAN  
6901 EDGEWATER DRIVE  
CORAL GABLES, FL 33133**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-2877358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MOSKOWITZ, MICHAEL W  
800 CORPORATE DRIVE  
SUITE 510  
FT. LAUDERDALE, FL 33334**

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MYMAN, ERIC S
STREET ADDRESS	10422 NW 48TH MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	MYMAN, DONALD
STREET ADDRESS	6901 EDGEWATER DR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	MYMAN, MARILYN
STREET ADDRESS	6901 EDGEWATER DRIVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000030667  
02/04/04-80117-022 158.75

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eric S. Myman*  
**ERIC S. MYMAN, Secretary**

Date

Daytime Phone #

1-28-04 305-667-2940