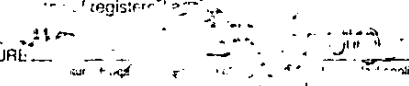
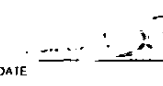
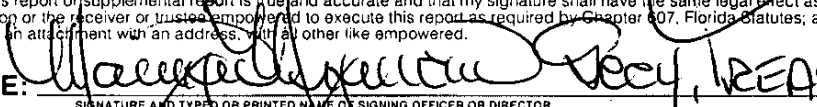


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90152 029 ***158.75

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, STE. 311 CORAL GABLES, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 13-2877358				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required 01312005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOSKOWITZ, MICHAEL W. 800 CORPORATE DRIVE SUITE 510 FT. LAUDERDALE, FL 33334			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 registration of this entity.					
SIGNATURE:  DATE: 					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
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	D	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	MYMAN, ERIC S		NAME	MYMAN, ERIC S	
STREET ADDRESS	10422 NW 48TH MANOR		STREET ADDRESS	6901 EDGEWATER DRIVE	
CITY- ST- ZIP	CORAL SPRINGS, FL		CITY- ST- ZIP	CORAL GABLES, FL	
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MYMAN, DONALD		NAME		
STREET ADDRESS	6901 EDGEWATER DR		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES, FL		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MYMAN, MARILYN		NAME		
STREET ADDRESS	6901 EDGEWATER DRIVE		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES, FL		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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)(b), 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:  DATE: 2-22-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					