

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90071 002 \*\*\*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**



01062006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 Additional Fee Required</b>

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MYMAN, ERIC S 6927 NW 110 WAY PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYMAN, DONALD 6901 EDGEWATER DR #311 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYMAN, MARILYN 6901 EDGEWATER DRIVE #311 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN 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 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: *Donald Myman* 1-18-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #