


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90053 041 \*\*\*150.00

<b>DOCUMENT # P00000007781</b> 1. Entity Name <b>RITA MARIE'S INC.</b>																	
Principal Place of Business <b>1230 NE 38 ST. OAKLAND PARK, FL 33334</b>			Mailing Address <b>%STEVE KRAFT, P.A. 766 RIVERSIDE DR POMPANO BEACH, FL 33071</b>														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>40 S. KRAFT PA 934 N. UNIVERSITY DR #50</b>		<b>50030110</b>													
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>		03032005    Chg-P    CR2E034 (10/03)													
Zip    Country <b>33071    USA</b>		4. FEI Number <b>65-0979675</b>		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BARFIELD, RITA M 1230 N.E. 38TH ST. OAKLAND PARK, FL 33334</b>													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARFIELD, RITA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1230 N.E. 38TH ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>OAKLAND PARK, FL 33334</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	BARFIELD, RITA M		STREET ADDRESS	1230 N.E. 38TH ST.		CITY - ST - ZIP	OAKLAND PARK, FL 33334	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
<b>SIGNATURE:</b> <i>Rita Barfield</i> <b>RITA BARFIELD</b> 3/16/05    954-566-6074		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #															