

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000061667

1. Entity Name
REBECCA FIDDNER, INC.



Principal Place of Business
1560 NE 161 STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
1560 NE 161 STREET
NORTH MIAMI BEACH, FL 33162



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020609

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FIDDNER, REBECCA
1560 NE 161 STREET
NORTH MIAMI BEACH, FL 33162

**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 *Rebecca Fiddner*

REBECCA FIDDNER
(NOTE: Registered Agent signature required when reinstating)

1-24-06
DATE

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**

UN00000407758
02/08/06-80033-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FIDDNER, REBECCA
STREET ADDRESS 1560 NE 161 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

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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: *Rebecca Fiddner*

REBECCA FIDDNER

1-24-06

954-945-1845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #