

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

DOCUMENT # P00000063340

1. Entity Name

M.A. RICCO ENTERPRISES INC.



Principal Place of Business
1310 N.W. 43RD AVE.
#304
LAUDERHILL FL 33313

Mailing Address
1310 N.W. 43RD AVE.
#104
LAUDERHILL FL 33313



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1310 NW 43rd Ave
Suite, Apt. #, etc.
104

3. Mailing Address

SAME
Suite, Apt. #, etc.
11

City & State

LAUDERHILL FLA

City & State

LAUDERHILL FLA

4. FEI Number

65-1015251

☒ Applied For

☐ Not Applicable

Zip

33313

Country

BROWARD

Zip

11

Country

FL

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIAN LYNN C.P.A. P.A.
TWO SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RICCO, MARY A	
STREET ADDRESS	1310 N.W. 43RD AVE. #104	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 19.07(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:

MARY A. RICCO MARY A. RICCO APRIL 11, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #