2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 08:00 AM DOCUMENT # P00000085396 1. Entity Name Secretary of State MARIA L. RIPOLL ENTERPRISES, INC. Principal Place of Business Mailing Address 340 SW 68 AVENUE MARGATE FL 33068 340 SW 68 AVE MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1036017 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 accethe 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 9. Election Campaign Financing \$5.00 May : After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 000000205511 01/31/05-80047-0 TITLE **PSTD** Delete DITE RIPOLL, MARIA L NAME NAME STREET ADDRESS 340 SW 68 AVENUE STREET ADDRESS MARGATE FL 33068 CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete atte ☐ Aile ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hite ☐ Delete Diff ☐ Change □ A · NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST - 7tP CITY-ST-ZIP HILE TULLE ☐ Delete Change Ade: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP HILE ☐ Delete HILE ☐ Change □ A." NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-789 TITLE ☐ Delete illie Change Arie NAME STREET ADDRESS STREET ADDRESS City-St-JiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered

FILED

SIGNATURE: Maria L. Ripoll 1/28/05 954-971-91

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COLOR PRINTED NAME OF SIGNING OF