

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

07-21-2005 90028 013 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P00000107721**

1. Entity Name  
**RAUL RICARDO, C.P.A., P.A.**



Principal Place of Business  
**1840 W 49TH ST, STE 100  
HIALEAH, FL 33012**

Mailing Address  
**1840 W 49TH ST, STE 100  
HIALEAH, FL 33012**

**66026263**



05092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1074088</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**

**RICARDO, RAUL C.P.A.  
1840 W 49TH ST, STE 100  
HIALEAH, FL 33012**

**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: \_\_\_\_\_

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>RICARDO, RAUL C.P.A.</b>
STREET ADDRESS	<b>1840 W 49TH ST, STE 100</b>
CITY - ST - ZIP	<b>HIALEAH, FL 33012</b>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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, without other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/05 (308)829-1041**



ATTACHMENT

0626263

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 25, 2005

RAUL RICARDO, C.P.A., P.A.  
1840 W 49TH ST, STE 100  
HIALEAH, FL 33012

Subject: RAUL RICARDO, C.P.A., P.A.

Reference Number: P00000107721

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SC  
ANNUAL REPORTS SECTION