

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000109668

1. Entity Name
RIPSONS INC.



Principal Place of Business

499 E PALMETTO PARK RD, STE 206
BOCA RATON, FL 33432

Mailing Address

499 E PALMETTO PARK RD, STE 206
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1074168

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICCIOTTO, DANIEL
499 E PALMETTO PARK RD, STE 206
BOCA RATON, FL 33432

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PICCIOTTO, DANIEL
STREET ADDRESS	499 E PALMETTO PARK RD, STE 206
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	DS
NAME	PICCIOTTO, PATRICIA
STREET ADDRESS	499 EAST PALMETTO PARK ROAD, SUITE 206
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	T
NAME	PICCIOTTO, MAURICIO
STREET ADDRESS	499 EAST PALMETTO PARK ROAD, SUITE 206
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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**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, with all other like empowered.

SIGNATURE:

Patean Picciotto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 14/04

3054990854