

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 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



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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, 2005 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-ST-ZIP BOCA RATON, FL 33432

TITLE DS  
NAME PICCIOTTO, PATRICIA  
STREET ADDRESS 499 EAST PALMETTO PARK ROAD, SUITE 206  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE T  
NAME PICCIOTTO, MAURICIO  
STREET ADDRESS 499 EAST PALMETTO PARK ROAD, SUITE 206  
CITY-ST-ZIP BOCA RATON, FL 33432

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**

000000178176  
01/12/05-80018-003 158.75

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:

*Patricia Picciotto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/05

Date

3054090854

Daytime Phone #