

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90054 019 ***150.00

DOCUMENT # P00000109668

1. Entity Name
RIPSONS INC.



Principal Place of Business
2315 STIRLING RD.
DANIA, FL 33312

Mailing Address
2315 STIRLING RD.
DANIA, FL 33312

40007914



2. Principal Place of Business - No P.O. Box #
3801 NE 207 Street

3. Mailing Address
3801 NE 207 Street

Suite, Apt. #, etc.
Apt 402

Suite, Apt. #, etc.
Apt 402

01162007 Chg-P CR2E034 (12/06)

City & State
Aventura FL

City & State
Aventura FL

4. FEI Number
65-1074168

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICCIOTTO, PATRICIA
3801 NE 207TH ST., STE. 402
AVENTURA, FL 33180

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

Petruccio Picciotto

01/25/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PICCIOTTO, DANIEL ☐ Delete
STREET ADDRESS 499 E PALMETTO PARK RD, STE 206
CITY-ST-ZIP BOCA RATON, FL 33432

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Picciotto Daniel
STREET ADDRESS 3801 NE 207 Street Apt 402
CITY-ST-ZIP Aventura FL 33180

TITLE DS ☒ Change ☐ Addition
NAME Picciotto Patricia
STREET ADDRESS 3801 NE 207 Street Apt 402
CITY-ST-ZIP Aventura FL 33180

TITLE T ☒ Change ☐ Addition
NAME Picciotto Mauricio
STREET ADDRESS 3801 NE 207 Street Apt 402
CITY-ST-ZIP Aventura FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/07

Date

Daytime Phone #

305 466 3825