


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000015249	
1. Entity Name WARIMDA ASSOCIATES, INC.	

Principal Place of Business 2708 N AUSTRALIAN AVE STE 9 W PALM BCH, FL 33407	Mailing Address 2708 N AUSTRALIAN AVE STE 9 W PALM BCH, FL 33407
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07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0533188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HURD, ROGER C 8295 N MILITARY TRAIL STE A PALM BCH GARDENS, FL 33410

**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.	U00000568241 07/06/06-80014-023 158.75
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____


**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIMMLER, FREDERICK P 5260 WOODLAND LAKES DR PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALL, CHARLES K 19 GREENSFIELDS DR LAKEWOOD, NJ 087017371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DANIELLO, LOUIS J 2708 N AUSTRALIAN AVE STE 9 W PALM BCH, FL 33407
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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	LOUIS J. DANIELLO DIR/Sec 7-5-06 561 835-4788 <small>Date Daytime Phone #</small>