

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90097 038 ***150.00

DOCUMENT # P01000031340

1. Entity Name
INDEPENDENT RIDERS OF SOUTH FLORIDA INC.



Principal Place of Business
21113 JOHNSON ST
PEMBROKE PINES, FL 33029

Mailing Address
21113 JOHNSON ST
130
PEMBROKE PINES, FL 33029

94006713



2. Principal Place of Business

1206 NW 180 Ave.

3. Mailing Address

1206 N.W. 180 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172004

Chg-P

CR2E034 (10/03)

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

65-1142808

Applied For

Not Applicable

Zip
33029

Country

U.S.A.

Zip

33029

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATO, RICHARD
1206 NW 180 AVENUE
PEMBROKE PINES, FL 33029

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

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 P
NAME PRATO, RICHARD S
STREET ADDRESS 1206 NW 180 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

954 430 9580

Daytime Phone #