

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90386 038 ***150.00

DOCUMENT # P01000072085

1. Entity Name
SUSAN RIGGIO & ASSOCIATES, INC.



Principal Place of Business
**8470 WATERFORD AVENUE
TAMARAC, FL 33321**

Mailing Address
**8470 WATERFORD AVENUE
TAMARAC, FL 33321**

40051601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-1122912

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGGIO, SUSAN B
8470 WATERFORD AVENUE
TAMARAC, FL 33321**

Name

RIGGIO, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

8470 WATERFORD AVENUE

City

TAMARAC

FL

Zip Code

33321

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RIGGIO, SUSAN B
8470 WATERFORD AVENUE
TAMARAC, FL 33321** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RIGGIO, THOMAS
8470 WATERFORD AVENUE
TAMARAC, FL 33321** ☐ Change ☒ Addition

TITLE
NAME
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CITY-ST-ZIP
**ST
RIGGIO, THOMAS
8470 WATERFORD AVENUE
TAMARAC, FL 33321** ☐ Delete

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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:

Thomas Riggio **Thomas Riggio**

4/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #