


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90051 046 \*\*\*150.00

<b>DOCUMENT # P01000105831</b>	
1. Entity Name <b>RICCI MAINTENACE &amp; CLEANING SERVICES, INC.</b>	

Principal Place of Business <b>1350 SW 11 AVE, #B DEERFIELD BEACH FL 33441</b>	Mailing Address <b>1350 SW 11 AVE, #B DEERFIELD BEACH FL 33441</b>
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2. Principal Place of Business <b>3034 NW 69 CT.</b>	3. Mailing Address <b>SAME AS PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT LAUDERDALE</b>	City & State
Zip <b>FL 33309</b>	Country

4. FEI Number <b>65-1150885</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GODINEZ, RICCI 1350 SW 11 AVE, #B DEERFIELD BEACH FL 33441</b>	
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7. Name and Address of New Registered Agent Name <b>GODINEZ, RICCI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3034 NW 69 CT</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GODINEZ, RICCI 1350 SW 11 AVE, #B DEERFIELD BEACH FL 33441</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Ricci E. Godinez* **RICCI E. GODINEZ** 4/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #