

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90015 036 ***150.00

DOCUMENT # P02000055240

1. Entity Name

RICHPORT ASSOCIATES, INC.



Principal Place of Business

**2598 SW 102 DR
DAVIE FL 33324**

Mailing Address

**PO BOX 551746
FT LAUDERDALE FL 33355**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3682274

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

**HERNANDEZ, MARTIN
2598 SW 102 DR
DAVIE FL 33324**

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

Make Check Payable to Florida Department of State

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	PT	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MARTIN	
STREET ADDRESS	2598 SW 102ND DR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	V	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ANTONIO R	
STREET ADDRESS	2598 SW 102ND DR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SUAREZ, JOHANNA	
STREET ADDRESS	18401 NW 9TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, CELIA	
STREET ADDRESS	2598 SW 102ND DR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, GEORGE	
STREET ADDRESS	18401 NW 9TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Martin Hernandez* **Martin Hernandez** **2/2/04** **(954) 426-6655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #