

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90033 015 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                              |                                                                                                                                         |                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000082316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                                                                              |                                                                                                                                         |                                                                      |  |
| <b>1. Entity Name</b><br>RICHMOM DESIGNERS, CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                                                              |                                                                                                                                         |                                                                      |  |
| <b>Principal Place of Business</b><br>13899 BISCAYNE BLVD.<br>STE 123<br>NORTH MIAMI BEACH, FL 33181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                                              | <b>Mailing Address</b><br>13899 BISCAYNE BLVD.<br>STE 123<br>NORTH MIAMI BEACH, FL 33181                                                |                                                                      |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | <b>3. Mailing Address</b>                                                                                                    |                                                                                                                                         |                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Suite, Apt. #, etc.                                                                                                          |                                                                                                                                         |                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | City & State                                                                                                                 |                                                                                                                                         |                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                             | Zip                                                                                                                          | Country                                                                                                                                 | <b>4. FEI Number</b><br>65-1197130                                   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                              |                                                                                                                                         | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PAPARONI, MLIENA<br>13899 BISCAYNE BLVD.<br>STE 123<br>NORTH MIAMI BEACH, FL 33181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                      |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                                              |                                                                                                                                         |                                                                      |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-appointing) <span style="float: right;">DATE _____</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                                              |                                                                                                                                         |                                                                      |  |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                              |                                                                                                                                         |                                                                      |  |
| <b>FILE NOW!!! FEB 15 \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                         |                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                            |                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b><br>PAPARONI, MILENA<br>13899 BISCAYNE BLVD.<br>NORTH MIAMI BEACH, FL 33181 |                                                                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b><br>OVIEDO, JOSE<br>13899 BISCAYNE BLVD.<br>NORTH MIAMI BEACH, FL 33181     |                                                                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                     |                                                                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                     |                                                                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                     |                                                                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                     |                                                                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| <b>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.</b> |                                                                                     |                                                                                                                              |                                                                                                                                         |                                                                      |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                              | 03-15-04 (305) 702 6300<br><small>Date Daytime Phone #</small>                                                                          |                                                                      |  |