

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90050 032 \*\*\*150.00

<b>DOCUMENT # P03000082316</b> 1. Entity Name <b>RICHMOM DESIGNERS, CORP.</b>					
Principal Place of Business <b>13899 BISCAYNE BLVD. STE 123 NORTH MIAMI BEACH, FL 33181</b>			Mailing Address <b>13899 BISCAYNE BLVD. STE 123 NORTH MIAMI BEACH, FL 33181</b>		
2. Principal Place of Business - No P.O. Box # <b>746 NE 90 ST #603</b>		3. Mailing Address <b>746 NE 90 ST #603</b>			
Suite, Apt. #, etc. <b>#603</b>		Suite, Apt. #, etc. <b>#603</b>			
City & State <b>Miami Shores FL</b>		City & State <b>Miami Shores FL</b>			
Zip <b>FL 33138</b>		Zip <b>33138</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>PAPARONI, MLIENA 250 N.W. 23RD ST #309 MIAMI, FL 33127</b>				7. Name and Address of New Registered Agent Name <b>MILENA PAPARONI</b> Street Address (P.O. Box Number is Not Acceptable) <b>746 NE 90 ST #603</b> City <b>Miami Shores FL</b> Zip Code <b>33138</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. SIGNATURE <b>[Signature]</b> DATE <b>02-10-07</b> <small>Signature typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PAPARONI, MILENA</b> <input type="checkbox"/> Delete <b>13899 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>746 NE 90 ST #603 Miami Shores FL 33138</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>OVIEDO, JOSE</b> <input type="checkbox"/> Delete <b>13899 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>746 NE 90 ST #603 Miami Shores FL 33138</b>	
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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	
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	
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 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: <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-10-07 (786) 3447017 <small>Date Daytime Phone #</small>		