


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90005 049 \*\*\*150.00

<b>DOCUMENT # P03000083519</b> 1. Entity Name <b>CSI RIEDEL INC.</b>			
Principal Place of Business <b>11321 NW 15 STREET PEMBROKE PINES, FL 33026</b>		Mailing Address <b>11321 NW 15 STREET PEMBROKE PINES, FL 33026</b>	
2. Principal Place of Business <b>HOME</b> Suite, Apt. #, etc. <b>11321 NW 15 Str.</b> City & State <b>Pembroke Pines, FL</b> Zip <b>33026</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>20-0118514</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RIEDEL, CHERYL L 11321 NW 15 STREET PEMBROKE PINES, FL 33026</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEDEL, CHERYL L 11321 NW 15 STREET PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

4010.2052

August 8, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

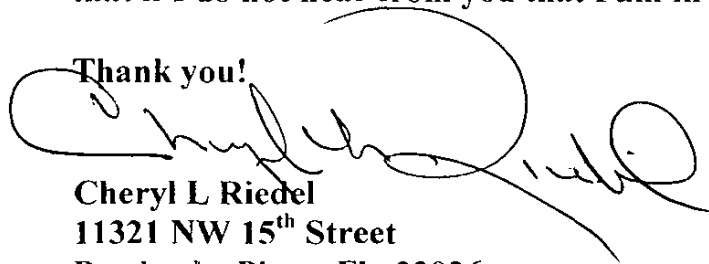
Re: Document # P03000083519

To Whom It May Concern:

Please find a copy of the notice of the intent to dissolve CSI RIEDEL, INC. As I experienced last year, this is the "only" notices I received throughout the past two years. I have not received the post cards that remind individuals to make their yearly payment.

I am enclosing a check in the amount of \$150 to cover my expenses. Please call me should you have any questions and/or concerns. I trust that if I do not hear from you that I am in good status.

Thank you!

A large, stylized handwritten signature in black ink, appearing to read 'Cheryl L. Riedel', is written over the typed name and address.

Cheryl L Riedel  
11321 NW 15<sup>th</sup> Street  
Pembroke Pines, Fl. 33026  
954-326-8232