

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000094514

1. Entity Name
DANA RICCOBONO, INC.



Principal Place of Business

**9401 COLLINS AVENUE
UNIT 205
SURFSIDE, FL 33154**

Mailing Address

**9401 COLLINS AVENUE
UNIT 205
SURFSIDE, FL 33154**



04272008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2385507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICCOBONO, DANA
9401 COLLINS AVENUE
UNIT 205
SURFSIDE, FL 33154**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

05/22/08-80073-022 150.00

10. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **RICCOBONO, DANA**
STREET ADDRESS: **9401 COLLINS AVENUE**
CITY-ST-ZIP: **SURFSIDE, FL 33154**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 305 586 9683