

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000141832

1. Entity Name

TRICOT, INC. **BESET, INC.**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 15 AM 10:18

Principal Place of Business

708 NORTHEAST 6TH STREET
SUITE B
HALLANDALE FL 33009

Mailing Address

POST OFFICE BOX 680423
NORTH MIAMI FL 33168



2. Principal Place of Business

5811 TYLER STREET

Suite, Apt. #, etc.

HOLLYWOOD

City & State

FLORIDA

3. Mailing Address

P.O. BOX 680423

Suite, Apt. #, etc.

N. MIAMI

City & State

FLORIDA

1st MOORE

CR2E034 (10/05)

Zip

33021

Country

BROWARD

Zip

33168-0423

Country

FLORIDA

4. FEI Number

56-2335409

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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, 2006 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

TITLE **PTD** ☐ Delete
NAME **DOMOND, PIERRE-RICOT II**
STREET ADDRESS **708 NORTHEAST 6TH ST., #B**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **S** ☐ Delete
NAME **DOMOND, GINA**
STREET ADDRESS **708 NORTHEAST 6TH STREET**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **DOMOND, PIERRE-RICOT II**
STREET ADDRESS **5811 TYLER ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **VS** ☒ Change ☐ Addition
NAME **DOMOND GINA**
STREET ADDRESS **5811 TYLER ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **M** ☒ Change ☐ Addition
NAME **JEAN-PIERRE-RICOT DOMOND**
STREET ADDRESS **5811 TYLER ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200075104882
05/23/06--01054--001 **163.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gina-Ricot Domond II (PTD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-06

Date

Daytime Phone #