


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90064 019 ***150.00

DOCUMENT # P04000019101 1. Entity Name RIKAT, INC					
Principal Place of Business 922 NE 199TH ST # 203 N MIAMI BEACH, FL 33179 US			Mailing Address 922 NE 199TH ST # 203 N MIAMI BEACH, FL 33179 US		
2. Principal Place of Business (If P.O. Box #) <i>604 SE 14th Ct #2</i> Suite, Apt. #, etc.			3. Mailing Address <i>604 SE 14th Ct #2</i> Suite, Apt. #, etc.		
City & State <i>Fort Lauderdale, FL</i>		City & State <i>Fort Lauderdale, FL</i>		4. FEI Number 20-0791072	
Zip <i>33316</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMS, JAIME 922 NE 199TH ST # 203 N MIAMI BEACH, FL 33179				7. Name and Address of New Registered Agent Name: <i>Jaime Sims</i> Street Address (P.O. Box Number is Not Acceptable): <i>604 SE 14th Ct #2</i> City: <i>Fort Lauderdale</i> FL Zip: <i>33316</i>	
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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SIMS, JAIME 922 NE 199TH, STE 203 N MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>604 SE 14th Ct #2</i> <i>Fort Lauderdale FL 33316</i>
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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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>4/17/07</i> Daytime Phone #	

40074358



04172007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0791072

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

7. Name and Address of New Registered Agent

Name: *Jaime Sims*
 Street Address (P.O. Box Number is Not Acceptable):
604 SE 14th Ct #2
 City: *Fort Lauderdale* FL Zip: *33316*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>604 SE 14th Ct #2</i> <i>Fort Lauderdale FL 33316</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Date *4/17/07* Daytime Phone #