


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/11

FILED
Aug 04, 2006 8:00 am
Secretary of State

07-12-2006 90002 026 ***150.00

DOCUMENT # P04000022116 1. Entity Name FRIDERIKA'S PLACE, INC.		
Principal Place of Business 1676 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	Mailing Address 1676 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOGA, FRIDERIKA 418 LENOS AVENUE DAYTONA BEACH, FL 32118		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOGA, FRIDERIKA 1676 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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: <u>Friderika Goga</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7/7/06</u> <small>Date</small> <small>Daytime Phone #</small>

00000000



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0854476	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

ATTACHMENT

FRIDERIKA'S PLACE INC.

**GREEK
AMERICAN
CUISINE**

Phone:
(386) 671-9733

Tuesday, August 1, 2006

66032676

Ref. No. 04000022116

Dear Sir or Madame,

Received your correspondence dated July 13, 2006. Please be aware that to the best of our knowledge, we never received any annual report statement. Upon receiving a Notice to Dissolve of Corporation, did we realize that we had not filled. In addition, most of the adjacent business owners also lamented that they did not receive any notice of renewal, therefore its not an isolated incidence.

Respectfully request that you consider waiving the late penalty, due to the above reason, and in the future, we have marked our calendar to pay for this renewal at the beginning of each year.

Thank you for your kind consideration to this matter.

Sincerely,

Friderika Goga

Friderika Goga Pres.