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7/13/2005-90013-01/25150.00-5150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

					,				
DOCUMENT # P04000023644 1. Entity Name RICMAN SERVICES CORP.				05 SEP -8 PM 3: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 9545 SW 24 ST Apt. BZZ 9545 SW 24 ST MIAMI, FL 33165 MAILING Address 9545 SW 24 ST MIAMI, FL 33165					1 (1861) RG1 (N)	ARIHI EKRIL BAKIN ARIKI SI	IN CITY THE W	OTTO OTTO OCC	en na
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07082005	Chg-P	CR2E034	(10/03)	
City & State		City & State		4FEI Numbe	07073	358		plied For Applicable	
Zip Co	Country Zip C		Conn	try	5. Certificate	of Status Desired		8.75 Add e Required	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name						
MAN, RICARDO 9545 SW 24 ST MIAMI, FL 33165 APL-BZZ(Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33165							·		
				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, typaid or prised name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when renetating) DATE									
FILE NOW!!! PEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10. OFFICERS AND DIRECTORS 11.						CHANGES TO OF			
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NAME STREET ADDRESS CITY+ST-ZP				E ET ADORESS '-51-0P	/ 	V ~			
TITLE NAME	☐ Delete TITLE				- A		[Change	Addition
STREET ADDRESS CITY-ST-ZP				ETI ADDRESS I-ST-ZIP	/ `)			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 82(30). 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 bysee 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: 7/11/05 (305)228 V510									

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SP SPORT 184

RICMAN SERVICES CORP.

9545 SW 24th Street Suite B221 Miami, Fl 33165

7/8/2005

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

RE: Ricman Services Corp. Doc #P04000023644 FEI # 20-0707358

Dear Sir/Madam:

This is to inform you that we had not received the annual report form year 2005 due to the fact that you have the wrong address in your records, please waive the fees since I assumed my report was filed on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclosed the report and check for the year 2005 for the amount of \$150.00

Ricardo Man

7/1/

President |