2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 08:00 Al

DOCUMENT # P04000023644 1. Entity harms RICMAN SERVICES CORP. Proppel Flace of Business Sets SIZ 4 ST APT 18221 MMM, FL 33155 Suto, Apt. 4, etc. Suto, Apt. 4, e			1414 0 714				_	26	ecretar	v ot	State
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Signature Sport of Series And Directors Signature Registered Agent MAN, RICARDO 9545 SW 24 ST APT, 9221 MIAMI, FL 33155 City FL ZP 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, sport or primer name drivideavid agent and the it applicable (NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept							20-0707358 Not Applicable				
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12. I hereby certify that the information supplied with this filling 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 cath; 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						i i					
	12. I hereby indicated of the cor	certify that the informa f on this report or supp rporation or the receive	tion supplied with thi demental report is true or trustee empowe	s filing does not qualify to se and accurate and that r red to execute this report	or the ex my signa as requ	emptions confain sture shall have th ired by Chapter 6	ed in Chapter 119, e same legal effect 07, Florida Statutes	Florida Statutes, I as if made under and that my name	further certify fi cath; that I am a e appears in Bk	nat the in n officer ock 10 or	formation or director Block 11 if

SIGNATURE: FICARDO Man

03/01/07