

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 044 ***150.00

DOCUMENT # P04000061095					
1. Entity Name RIGAUD & ASSOCIATES, P.A.					
Principal Place of Business 9980 CENTRAL PARK BLVD NORTH SUITE 312 BOCA RATON, FL 33428			Mailing Address 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131-2399		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0990057	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J JR 201 S BISCAYNE BLVD 20TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: WILLIAM J. SPRATT, JR. Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD. 20TH FLOOR City: MIAMI FL Zip Code: 33131		
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: 					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DPST RIGAUD, GILBERT 9980 CENTRAL PARK BLVD, NORTH BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST RIGAUD, GILBERT 9980 CENTRAL PARK BLVD, NORTH BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
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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: 		Date: 2/20/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					