


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90225 023 ***150.00

DOCUMENT # P04000156805	
1. Entity Name RICK SANCHEZ, INC.	

Principal Place of Business 3631 SW 60 AVENUE MIAMI, FL 33155	Mailing Address 3631 SW 60 AVENUE MIAMI, FL 33155
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40081904

2. Principal Place of Business 15327 NW 60 Ave	3. Mailing Address 15327 NW 60 Ave
Suite, Apt. #, etc. 225	Suite, Apt. #, etc. 225
City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33014	Country USA



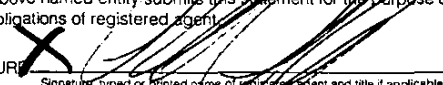
03202006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2685084	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANCHEZ, RICK 3631 SW 60 AVENUE MIAMI, FL 33155	
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7. Name and Address of New Registered Agent	
Name Sanchez, Rick	
Street Address (P.O. Box Number is Not Acceptable) 15327 NW 60 Ave	
Suite 225	
City Miami Lakes	FL Zip Code 33014

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 	Rick Sanchez, Director DATE 3-20-06

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, RICK 3631 SW 60 AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sanchez, Rick 15327 NW 60 Ave, Suite 225 Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: 	Rick Sanchez 3/20/06 698-2478 Director