

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000001244

1. Entity Name

RICHARD DOMENIC MATRICARIA, P.A.



Principal Place of Business

5900 N. ANDREWS AVENUE
#100
FT. LAUDERDALE, FL 33309 US

Mailing Address

5900 N. ANDREWS AVENUE
#100
FT. LAUDERDALE, FL 33309 US



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3267809

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATRICARIA, RICHARD D
5900 N. ANDREWS AVENUE
#100
FT. LAUDERDALE, FL 33309

**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

Richard D. Matricaria, mg owner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MATRICARIA, RICHARD D
STREET ADDRESS 5900 N. ANDREWS AVENUE STE. 100
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE T
NAME MATRICARIA, RICHARD D
STREET ADDRESS 5900 N. ANDREWS AVENUE STE. 100
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE
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CITY-ST-ZIP

U000000826875
02/21/08-80065-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Richard D. Matricaria, mg owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

Date

854 245-3468

Daytime Phone #