


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
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3267809	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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 member* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/21/08-80065-020 158.75

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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: *Richard D. Matricaria, mg member* 2/8/08 854 245-3468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #