

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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FILED
Mar 15, 2006 8:00 am
Secretary of State

02-17-2006 90083 034 ***150.00

DOCUMENT # P05000025357 1. Entity Name HOWARD RIGGIN ENTERPRISES, INC.			
Principal Place of Business 4886 N.W. 49TH STREET COCONUT CREEK FL 33073		Mailing Address 4886 N.W. 49TH STREET COCONUT CREEK FL 33073	
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 		Zip 	
Country 		Country 	
4. FEI Number 202357137		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, HENRY W 1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent Name <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 D NAME RIGGIN, HOWARD STREET ADDRESS 4886 N.W. 49TH STREET CITY- ST- ZIP COCONUT CREEK FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered.			
SIGNATURE: <i>Howard R</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date FEB 6 06 Daytime Phone # 954 255 5529	