

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A.
Secretary of State

DOCUMENT # P06000062783

1. Entity Name
SJ RICHTER, INC.



Principal Place of Business
16330 MIRASOL WAY
DELRAY BEACH, FL 33446

Mailing Address
16330 MIRASOL WAY
DELRAY BEACH, FL 33446



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4868779

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BELSON, STEVEN A. ESQ.
2500 N. MILITARY TRAIL, STE. 465
BELSON & LEWIS, LLP
BOCA RATON, FL 33431

**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

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**

000000865009
04/07/08-80010-022 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
RICHTER, SAM
16330 MIRASOL WAY
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM RICHTER

2/28/08 (561) 865-3456

Date

Daytime Phone #