

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90011 032 ***150.00

DOCUMENT # P06000063713	
1. Entity Name RICARDO G., INC	

Principal Place of Business 4724 NW 4AVE. POMPANO BEACH, FL 33064 US	Mailing Address 4724 NW 4AVE. POMPANO BEACH, FL 33064 US
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2. Principal Place of Business - No P.O. Box # 19898 DINNER KEY DR.	3. Mailing Address 19898 DINNER KEY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33498	Zip 33498
Country	Country

cc Name 20-4918818



02052008 Chg-P CR2E034 (12/06)

4. FEI Number 204918818	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUIMARAES, RICARDO G 4724 NW 4AVE. POMPANO BEACH, FL 33064	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19898 DINNER KEY DR. City BOCA RATON FL Zip Code 33498	
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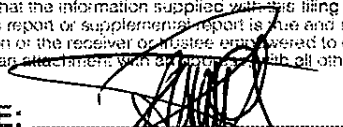
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing) 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 8* 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	P GUIMARAES, RICARDO G 4724 NW 4AVE. POMPANO BEACH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 19898 DINNER KEY DR. Boca Raton FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 appropriate title all other like empowered.

SIGNATURE:  **Ricardo G Guimaraes** 02-05-08 954-448-4526
SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #