

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000015664

1. Entity Name
RILEY BROTHERS, INC.



Principal Place of Business
10195 SW 186 STREET
SUITE #A
MIAMI, FL 33157

Mailing Address
10195 SW 186 STREET
SUITE #A
MIAMI, FL 33157



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0427101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, HAROLD
11745 SW 102 AVE
MIAMI, FL 33176

**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

Harold Riley

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

(NOTE: Registered Agent signature required when reinstating)

1-07-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000383074
01/12/06-80031-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RILEY, ELIZABETH
STREET ADDRESS 11745 SW 102 AVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE VTD
NAME RILEY, HAROLD
STREET ADDRESS 11745 SW 102 AVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE SD
NAME RILEY, ROCIO
STREET ADDRESS 11745 SW 102ND AVE
CITY-ST-ZIP MIAMI, FL 33176

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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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:

Harold Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-06

Date

Daytime Phone #