


# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-28-2006 90135003 \*\*\*158.75

P93000064811

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 30 AM 7:41

DOCUMENT # <b>P93000064811</b>	
1. Entity Name <b>DINA Richard + Company Inc</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>12864 Biscayne Blvd</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>#319</b>		Suite, Apt. #, etc.	
City & State <b>N Miami</b>		City & State <b>FL</b>	
Zip <b>33161</b>	Country	Zip	Country

CR2E034B (8/05)

4. FEI Number <b>65-0437688</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

7. Name and Address of Current Registered Agent	
Name <b>DINA RICHARD</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12864 BISCAYNE BLVD</b>	
City <b>NORTH MIAMI</b>	FL <b>33161</b>

**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 resigning)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D. DINA Richard 12864 Biscayne Blvd #319 NM 33161</b>	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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Dina Richard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**April 24/006**