


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P93000077351 1. Entity Name RIBBON DEPOT, INC. |  |
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|---|---|
| Principal Place of Business 9745 SW 72ND STREET #100 MIAMI, FL 33173 US | Mailing Address 9745 SW 72ND ST #100 MIAMI, FL 33173 US |
|---|---|



05162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 65-0447784 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**QUEZADA, JIMMY
9745 SW 72 ST SUITE 100
#100
MIAMI, FL 33173**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTDS QUEZADA, JIMMY 9745 SW 72 ST SUITE 100 MIAMI, FL 33173 |
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05/31/07-80002-010 150.00

**DO NOT WRITE
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:  **05/16/07 205 233 4527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #