

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000028190

1. Entity Name
RYAN REPORTING INC.



Principal Place of Business

**660 NE 165TH ST
MIAMI, FL 33162**

Mailing Address

**660 NE 165 ST
MIAMI, FL 33162 US**

FILED
Apr 07, 2004 08:00 AM
Secretary of State



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0482091

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, DEXTER
660 NE 165TH ST
MIAMI, FL 33162**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000105624
04/07/04-80033-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RYAN, DEXTER
STREET ADDRESS	660 NE 165TH ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D
NAME	RYAN, SABRINA
STREET ADDRESS	660 NE 165TH ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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

4-3-04

Date

**786-897-2944
305-944-0884**

Daytime Phone #