

2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P96000044815

1. Entity Name
RICHCO PROPERTIES (FLORIDA), INC.



Principal Place of Business
25 IMPERIAL STREET #500
TORONTO ONTARIO
CANADA M59 1B9, XX

Mailing Address
25 IMPERIAL STREET #500
TORONTO ONTARIO
CANADA M59 1B9, XX

FILED
07 APR 30 AM 10:04
CLERK OF STATE
TALLAHASSEE, FLORIDA



04122007 No Chg-P CR2E034 (11/05)

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4. FEI Number
98-0171774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE MARSTEL CORPORATION
2615 S UNIVERSITY DR
DAVIE, FL 33328

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	PD COHEN, RICHARD 25 IMPERIAL STREET #500 TORONTO, ONTARIO, m5p 1b9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16/07 (444) 487-8018

Date

Daytime Phone #