

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90040 029 ***158.75

DOCUMENT # P96000062987

1. Entity Name

A TO Z THRIFT STORE, INC.



Principal Place of Business

4229 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33023

Mailing Address

4229 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0720287

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHITELLI, SCOTT
4229 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHITELLI, SCOTT	
STREET ADDRESS	4229 WEST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	RICHITELLI, YVETTE	
STREET ADDRESS	4229 WEST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RICHITELLI, CILLY	
STREET ADDRESS	4229 WEST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	Richitelli, ANGEL	
STREET ADDRESS	4229 West Hallandale Beach Blvd.	
CITY-ST-ZIP	Hallandale Fl. 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Richitelli, Gabriel	
STREET ADDRESS	4229 West Hallandale Beach Blvd.	
CITY-ST-ZIP	Hallandale Fl 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richitelli, ANGEL	
STREET ADDRESS	4229 West Hallandale Beach Blvd	
CITY-ST-ZIP	Hallandale Fl 33023	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richitelli, Gabriel	
STREET ADDRESS	4229 West Hallandale Beach Blvd	
CITY-ST-ZIP	Hallandale Fl. 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Scott Richitelli* *SCOTT RICHITELLI* *2/7/06* *954-5586172*