

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90166 011 \*\*\*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 - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0720287

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**RICITELLI, SCOTT**  
4229 WEST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33023

7. Name and Address of New Registered Agent

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 file 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**  
**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	PD	<input type="checkbox"/> Delete
NAME	RICITELLI, SCOTT	
STREET ADDRESS	4229 WEST HALLANDALE BEACH BLVD.	
CITY- ST- ZIP	HALLANDALE FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICITELLI, GABRIEL	
STREET ADDRESS	4229 W HALLANDALE BCH BLVD	
CITY- ST- ZIP	HALLANDALE FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME	Richitelli, Angel	
STREET ADDRESS	4229 W. Hallandale Beach Blvd.	
CITY- ST- ZIP	Hallandale Fl. 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	7D	<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		<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		
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 Pres* SCOTT Richitelli Pres

4/13/07

954-9624353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #