

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000013273

1. Entity Name

R.T.M. OF CORAL SPRINGS, INC.



Principal Place of Business

8241 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071

Mailing Address

8241 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0734605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MINICHIELLO, RICHARD  
8241 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000298788  
04/11/05-80083-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME MINICHIELLO, RICHARD J SR.  
STREET ADDRESS 8241 WEST ATLANTIC BLVD.  
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE VPD  
NAME MINICHIELLO, MADELINE  
STREET ADDRESS 8241 WEST ATLANTIC BLVD.  
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE D  
NAME MINICHIELLO, TERESA M  
STREET ADDRESS 8241 WEST ATLANTIC BLVD.  
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE D  
NAME MINICHIELLO, RICHARD J  
STREET ADDRESS 8241 WEST ATLANTIC BLVD.  
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE D  
NAME MINICHIELLO, MICHAEL T  
STREET ADDRESS 8241 WEST ATLANTIC BLVD.  
CITY - ST - ZIP CORAL SPRINGS, FL 33071

TITLE D  
NAME MINICHIELLO, MADELINE A  
STREET ADDRESS 8241 WEST ATLANTIC BLVD.  
CITY - ST - ZIP CORAL SPRINGS, FL 33071

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Richard J. Minichiello SR.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD J. MINICHIELLO SR

Date

Daytime Phone #

1-16-05 (954) 345-8685