

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 035 ***150.00

60016440



01162006 Chg-P CR2E034 (11/05)

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		
2. Principal Place of Business 10592 N.W. 7 PLACE Suite, Apt. #, etc.		3. Mailing Address 10592 N.W. 7 PLACE Suite, Apt. #, etc.			
City & State CORAL SPRINGS		City & State CORAL SPRINGS		4. FEI Number 65-0734605	
Zip 33071		Country BROWARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINICHIELLO, RICHARD 8241 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10592 N.W. 7 PLACE City CORAL SPRINGS FL Zip Code 33071	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	DP MINICHIELLO, RICHARD J SR. 8241 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MINICHIELLO, MADELINE 8241 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINICHIELLO, TERESA M 8241 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINICHIELLO, RICHARD J 8241 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINICHIELLO, MICHAEL T 8241 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINICHIELLO, MADELINE A 8241 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10592 N.W. 7 PLACE CORAL SPRINGS FL 33071	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10592 N.W. 7 PLACE CORAL SPRINGS FL 33071	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERESA MACRI/MINICHIELLO 10592 N.W. 7 PLACE CORAL SPRINGS FL 33071	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10592 N.W. 7 PLACE CORAL SPRINGS FL 33071	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10592 N.W. 7 PLACE CORAL SPRINGS FL 33071	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MADELINE ANN SANTUCCI/MINICHIELLO 10592 N.W. 7 PL CORAL SPRINGS FL 33071	☒ Change ☐ Addition			
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: <u>Richard J. Minichello</u> 1-5-06 954 344 0043 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					