

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 003 \*\*\*150.00

**DOCUMENT # P97000022943**

1. Entity Name  
**RIPPY'S KILLER SUBS, INC.**



Principal Place of Business  
**16775 N MIAMI AVE  
NORTH MIAMI BEACH, FL 33169**

Mailing Address  
**16775 NM AVE  
NORTH MIAMI BEACH, FL 33169**

**40042398**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**16775 N. MIAMI AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007

Chg-P

CR2E034 (12/06)

City & State

City & State

**North Miami Beach, FL**

4. FEI Number

**65-0735451**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33169**

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

**RIPA, PAUL  
151 NE 169TH TERRACE  
NORTH MIAMI BEACH, FL 33162**

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, 2007 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 **D** ☐ Delete  
NAME **RIPA, PAUL**  
STREET ADDRESS **151 NE 169TH TERRACE**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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: *Paul Ripa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Ripa*

Date

Daytime Phone \*

*3/23/07 305-335-1541*