

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97060023712

1. Entity Name
RICHTER GROUP, INC.



Principal Place of Business
**1499 SE 17TH ST CAUSEWAY
FORT LAUDERDALE, FL 33316 US**

Mailing Address
**1499 S.E. 17TH STREET CAUSWAY
FORT LAUDERDALE, FL 33316 US**



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0737972

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEYER, STEPHEN M.
2201 CORPORATE BLVD. NW
SUITE 103
BOCA RATON, FL 33431**

**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**

**000000218253
02/07/05-80057-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHTER, MARYANNE
STREET ADDRESS	1499 S.E. 17TH STREET CAUSEWAY
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316
TITLE	VPD
NAME	BALDO, ELIO
STREET ADDRESS	12000 N BAYSHORE DRIVE # 207
CITY - ST - ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(f), 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: X

Elio Baldo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/5

Date

954-767-8300

Day/Time Phone #