## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jul 28, 2004 8:00 am **Secretary of State** DOCUMENT # P97000068187 1. Entity Name 07-28-2004 90016 028 \*\*\*550.00 RICH MATTERS INC. Principal Place of Business Mailing Address 404 SE 17TH STREET 404 SE 17TH STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 2 27th TERR 49015W 49015 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) )ANIA DANA City & State City & State 4. FEI Number Applied For 65-0778382 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33 BROWARD BROWARD 31 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -121C1+ ROBERTA RICH, ROBERT-Street Address (P.O. Box Number is Not Acceptable) 404 SE 17TH ST FORT LAUDERDALE FL\* 33316 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVPD** TITLE ☐ Delete TITLE Change Addition NAME RICH, ROBERTA NAME 4901 SW 27th TERRACE STREET ADDRESS 404 SE 17TH ST STREET ADDRESS FORT LAUDERDALE FL 33316 C =CITY-ST-ZIP CITY-ST-ZIP, TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete - - -Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS City\_St\_7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED