


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90059 030 ***150.00

DOCUMENT # P98000043163	
1. Entity Name RITAMARJE, INC.	

Principal Place of Business 999 PONCE DE LEON BLVD, SUITE 1000 CORAL GABLES, FL 33134	Mailing Address 999 PONCE DE LEON BLVD, SUITE 1000 CORAL GABLES, FL 33134
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50062571



2. Principal Place of Business 2820 Columbus Blvd. Suite, Apt. #, etc.	3. Mailing Address 2820 Columbus Blvd. Suite, Apt. #, etc.
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08172005 Chg-P CR2E034 (10/03)

City & State Coral Gables, Florida	City & State Coral Gables, Florida	4. FEI Number 65-0845810	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA

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

6. Name and Address of Current Registered Agent FLANAGAN, JEFFREY M 999 PONCE DE LEON BLVD, SUITE 1000 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HERNANDEZ, MARIANELA 2820 COLUMBUS BLVD. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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, such as other like empowered.

SIGNATURE:  **Marianela Hernandez** **08-17-05** **(305) 794-5121**

Signature and Printed Name of Signing Officer or Director Date Daytime Phone #