## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 24, 2006 8:00 am DOCUMENT # P99000070298 Secretary of State 1. Entity Name 03-24-2006 90028 048 \*\*\*150.00 K. RICHARD, INC. Principal Place of Business Mailing Address 7723 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 7723 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 Principal Place of Busines Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 65-0950269 Not Applicable \$8.75 Additional 'ISA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBERG, THEODORE M ESQ. Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET, SUITE 400 **COCONUT GROVE FL 33133** City 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 roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of States 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE D ☐ Defete TITLE Addition RICHARD, KAREEN NAME NAME STREET ADDRESS STREET ADDRESS 7723 FISHER ISLAND DRIVE CITY-ST-ZIP FISHER ISLAND FL 33109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME 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 exemptions contained in Section 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 attackment with an address, with all other like empowered.

FILED