

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90052 035 ***150.00

DOCUMENT # **P99000070298**

1. Entity Name

K. RICHARD, INC.



Principal Place of Business
**5224 FISHER ISLAND DR
FISHER ISLAND FL 33109**

Mailing Address
**5224 FISHER ISLAND DR
FISHER ISLAND FL 33109**



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

597 Hibiscus Lane

Suite, Apt. #, etc.

3. Mailing Address

597 Hibiscus Lane

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Miami, FL

Zip
33137

Country
USA

City & State
Miami, FL

Zip
33137

Country
USA

4. FEI Number **65-0950269**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, THEODORE M ESQ.
3250 MARY STREET, SUITE 400
COCONUT GROVE FL 33133**

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RICHARD, KAREEN**
STREET ADDRESS **7723 FISHER ISLAND DRIVE**
CITY-STATE-ZIP **FISHER ISLAND FL 33109**

TITLE **T** ☐ Delete
NAME **YAUNER, BRUCE**
STREET ADDRESS **5224 FISHER ISLAND DR**
CITY-STATE-ZIP **FISHER ISLAND FL 33109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Richard, Kareen**
STREET ADDRESS **597 Hibiscus Lane**
CITY-STATE-ZIP **Miami, FL 33137**

TITLE ☒ Change ☐ Addition
NAME **Youner, Bruce**
STREET ADDRESS **597 Hibiscus Lane**
CITY-STATE-ZIP **Miami, FL 33137**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 attachment with an address, with all other like empowered.

SIGNATURE: **Bruce Youner** **BRUCE YOUNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

305-962-7723

Daytime Phone *