


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000070298</b>	
1. Entity Name <b>K. RICHARD, INC.</b>	

Principal Place of Business <b>597 HIBISCUS LN. MIAMI, FL 33137</b>	Mailing Address <b>597 HIBISCUS LN. MIAMI, FL 33137</b>
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**DO NOT WRITE IN THIS SPACE**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0950269</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required..</b>	

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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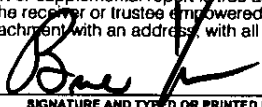
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RICHARD, KAREEN 597 HIBISCUS LN. MIAMI, FL 33137</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T YOUNER, BRUCE 597 HIBISCUS LN. MIAMI, FL 33137</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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** **4/23/08** **305-962-7723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #