2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AN DOCUMENT # S32403 Secretary of State INVESTMENTS FOR THE RICH AND FAMOUS, INC. Puncipal Place of Business Mailing Address 120 E. OAKLAND PARK BLVD.STE 105 FT LAUDERDALE FL 33334 120 E. OAKLAND PARK BLVD.STE 105 FT LAUDERDALE FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0248546 Not Applicable Zin Country Zæ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEYER, PATRICIA A. Street Address (P.O. Box Number is Not Acceptable) 120 E OAKLAND PARK BLVD **STE 106** FT LAUDERDALE FL 33334 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 land accept the obligations of registered agent. SIGNATURE Sensore, typed or primed name of registried agent and title if applicable. DATE (NOTE: Recisioned Agent simplifying required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DITE DPST ☐ Change Derete TITLE ☐ Addition NAME DYKSTRA, RONALD W. NAME U0000008136<u>5</u>0 STREET ADDRESS 1709 E LASOLAS BLVD STREET ADDRESS 02/13/08-80012-009 150.00 FORT LAUDERDALE FL 33301 CITY - ST - ZIP CITY-ST-ZEP TITLE Derete TITLE Addition ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Derete THEF TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY - ST - ZIP Deiete TITLE ☐ Change M Addition THE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIF

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 suppliemental 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.

STREET ADDRESS

CITY ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

01-31-08

<u>954-779-7664</u>

☐ Change

Addition