

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90005 029 ***550.00

DOCUMENT # S55195

1. Entity Name
MEL AND SUE OF BOCA, INC.



Principal Place of Business

**554 NE 1ST AVE
FLORIDA CITY, FL 33034 US**

Mailing Address

**554 NE 1ST AVE
FLORIDA CITY, FL 33034 US**

24085556



2. Principal Place of Business

554 NE 1st Ave
Suite, Apt. #, etc.

3. Mailing Address

554 NE 1st Ave
Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State

Florida City, Fla
Zip **33034** Country **USA**

City & State

Fla City, Fla
Zip **33034** Country **USA**

4. FEI Number

65-0275872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIFF, MELVIN D
554 NE 1ST AVE
FLORIDA CITY, FL 33034**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **RIFF, MEL**
STREET ADDRESS **554 NE 1ST AVE**
CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE **P** ☐ Delete
NAME **RIFF, SUE**
STREET ADDRESS **554 NE 1ST AVE**
CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 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:

Melvyn D. Riff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvyn D. Riff

Date

08/31/04 (305)
Daytime Phone # **247-4400**