2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 19, 2006 08:00 A Secretary of State DOCUMENT # V44538 1. Entity Name RICKYS MEATS & DELI, CORP. Principal Place of Business Mailing Address 2614 NW 31 ST. MIAMI FL 33142 2614 NW 31 STREET MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0340644 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTINEZ, RICARDO Street Address (P.O. Box Number is Not Acceptable) 2614 NW 31ST STREET MIAMI FL 33138 City Zio 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 DATE Signature, typed or printed name of redistered agent and title it applicable, (NOTE: Registered Agont signature required when robistating) 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 State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ☐ Delete TITLE Change Addition BRE NAME NAME MARTINEZ, RICARDO U00000565336 1151 HERON AVENUE STREET ADDRESS STREET ADDRESS 05/20/06-80127-004 558.75 CITY-ST-ZIP CITY - ST-ZIP MIAMI SPRINGS FL TITLE ☐ Change Addition TITLE SD Delete. NAME NAME MARTINEZ, AURELIA E. STREET ADDRESS STREET ADDRESS 1151 HERON AVENUE CHY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP Addition THUE ☐ Delete Change NAME MARTINEZ, JOSE STREET ADDRESS STREET ADDRESS 5555 COLLINS AVE APT 14-2 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Change ☐ Addition Delete TITLE TITLE MARTINEZ, MARTA NAME STREET ADDRESS STREET ADDRESS 5555 COLLINS AVE APT 14-2 CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-7IP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

305-634-0661