

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48151

Entity Name: RIC-MAN INTERNATIONAL, INC.**Current Principal Place of Business:**1545 NW 27TH AVENUE
POMPANO BEACH, FL 33069**Current Mailing Address:**1545 NW 27TH AVENUE
POMPANO BEACH, FL 33069 US**FEI Number:** 59-2300398**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JANKOWSKI, LISA M
1545 NW 27TH AVENUE
POMPANO BEACH, FL 33069 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name JANKOWSKI, MICHAEL ROBERT
Address 1545 NW 27TH AVENUE
City-State-Zip: POMPANO BEACH FL 33069

Title STD
Name JANKOWSKI, LISA M
Address 1545 NW 27TH AVENUE
City-State-Zip: POMPANO BEACH FL 33069

Title VP
Name JANKOWSKI, PAUL C JR
Address 1545 NW 27TH AVENUE
City-State-Zip: POMPANO BEACH FL 33069

Title VP
Name JANKOWSKI, PAUL R
Address 1545 NW 27TH AVENUE
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name DIAZ, ANDRES G
Address 1545 NW 27TH AVENUE
City-State-Zip: POMPANO BEACH FL 33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA M JANKOWSKI**SECRETARY****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date