

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075908

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Entity Name:** REPLACEMENTBANDS.COM, INC.

**Current Principal Place of Business:**

3300 NE 192ND STREET  
1504  
AVENTURA, FL 33180

**New Principal Place of Business:**

1800 S OCEAN DR  
1609  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 800934  
AVENTURA, FL 33280

**New Mailing Address:**

1800 S OCEAN DR  
1609  
HALLANDALE BEACH, FL 33009

**FEI Number:** 26-3166533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEINGOLD, DOUGLAS C  
3300 NE 192ND STREET  
1504  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

FEINGOLD, DOUGLAS C  
1800 S OCEAN DR  
1609  
HALLANDALE BEACH, FL 33009 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

04/03/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FEINGOLD, DOUGLAS C  
Address: 1800 S OCEAN DR  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: DOUGLAS C FEINGOLD

P

04/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date