

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000061508

**Entity Name:** GASKET DOCTOR, INC.

**Current Principal Place of Business:**

15757 PINES BOULEVARD  
SUITE 302  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15757 PINES BOULEVARD  
SUITE 302  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 47-1383500

**Certificate of Status Desired:** No

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

BLITZ, HOWARD  
15757 PINES BOULEVARD  
SUITE 302  
PEMBROKE PINES, FL 33027 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            PVST  
Name            BLITZ, HOWARD  
Address        15757 PINES BOULEVARD SUITE 302  
City-State-Zip: PEMBROKE PINES FL 33027

Title            D  
Name            BLITZ, HOWARD  
Address        15757 PINES BOULEVARD SUITE 302  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** HOWARD BLITZ

**PRESIDENT**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date