

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000067036

Entity Name: RETRACTABLEBUGSCREEN INC.,**Current Principal Place of Business:**256 FAIRWAY POINTE CIRCLE
ORLANDO,, FL 32828**Current Mailing Address:**256 FAIRWAY POINTE CIRCLE
ORLANDO,, FL 32828 US**FEI Number:** 47-4736985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EXPORTDEPARTMENT.COM INCORPORATED
256 FAIRWAY POINTE CIRCLE
ORLANDO, FL 32828 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	PRES
Name	BONINI, SIMONE
Address	VIA VETTIGANO, 20/A
City-State-Zip:	CAMPAGNOLA EMILIA RE 42012

Title	V.P.
Name	BONINI, EMILIANO
Address	VIA VETTIGANO, 20/A
City-State-Zip:	CAMPAGNOLA EMILIA RE 42012

Title	V.P., NORTH AMERICAN SALES
Name	KOLBE, LAURA
Address	256 FAIRWAY POINTE CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	C.E.O. (CHIEF EXECUTIVE OFFICER)
Name	KOLBE, LAURA
Address	256 FAIRWAY POINTE CIRCLE
City-State-Zip:	ORLANDO, FL 32828

Title	SECRETARY
Name	KOLBE, LAURA
Address	256 FAIRWAY POINTE CIRCLE
City-State-Zip:	ORLANDO, FL 32828

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: LAURA KOLBE**C.E.O.****03/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date