

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000001349

Entity Name: EXTRAINER, INC.**Current Principal Place of Business:**677 N. WASHINGTON BLVD.
SUITE# 57
SARASOTA, FL 34236**Current Mailing Address:**P.O. BOX 60774
SARASOTA, FL 34232 US**FEI Number:** 36-4856489**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**USA LICENSE BROKERAGE AND AGENCY INTL. LLC
677 NORTH WASHINGTON BLVD.
SARASOTA, FL 34236 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	PTD
Name	LAZAR, SZILVIA
Address	677 N. WASHINGTON BLVD., SUITE# 57
City-State-Zip:	SARASOTA FL 34236

Title	VPSD
Name	LAZAR, GLORIA V
Address	677 N. WASHINGTON BLVD., SUITE# 57
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	LAZAR, DOMINIKA
Address	677 N. WASHINGTON BLVD., SUITE# 57
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	LAZAR, REBEKA
Address	677 N. WASHINGTON BLVD., SUITE# 57
City-State-Zip:	SARASOTA FL 34236

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: LAZAR SZILVIA

PTD

01/13/2019

Electronic Signature of Signing Officer/Director Detail_____
Date