

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90183 017 ***150.00

DOCUMENT # 334921

1. Entity Name
PASS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
350 ~~NW 12 AVE~~ JIM MORAN BLVD 350 ~~NW 12 AVE~~ 350 JIM MORAN BLVD
SUITE 200 SUITE 200
DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

02282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1265314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REX, ROGER E
350 ~~NW 12 AVE~~ JIM MORAN BLVD
SUITE ~~101~~ 200
DEERFIELD BEACH, FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES JIM MORAN BLVD ☐ Delete
NAME CHANDLER, WILLIAM J PRES
STREET ADDRESS 350 ~~NW 12 AVE~~, SUITE ~~101~~ 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO JIM MORAN BLVD ☐ Delete
NAME REX, ROGER CEO
STREET ADDRESS 350 ~~NW 12 AVE~~, SUITE ~~101~~ 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP JIM MORAN BLVD ☐ Delete
NAME ROBERT, WASKIEWICZ VP
STREET ADDRESS 350 ~~NW 12 AVE~~, SUITE ~~101~~ 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☒ Change ☐ Addition
NAME NAME OF STREET
STREET ADDRESS & SUITE NO.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM JOHN CHANDLER 2/28/08

Date

Daytime Phone #