# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 376261**

1. Entity Name
RETIREMENT FUND, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1270 N.E. 162ND STREET<br>NORTH MIAMI BEACH, FL 33162 | 1270 N.E. 162ND STREET<br>NORTH MIAMI BEACH, FL 33162 |

## DO NOT WRITE IN THIS SPACE

01252008    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| NOT APPLICABLE | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

PAGLINO ESQ,JOSEPH S
1270 NE 162ND ST
NO MIAMI BEACH, FL

## DO NOT WRITE IN THIS SPACE

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.
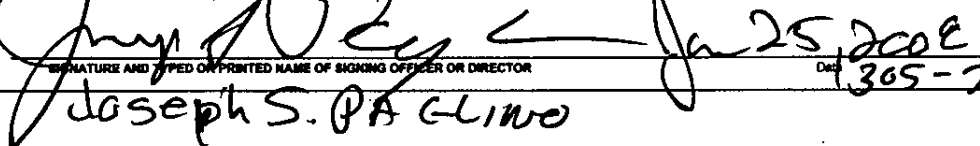
SIGNATURE _____

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**

| TITLE | PD |
|---|---|
| NAME | PAGLINO, JOSEPH S |
| STREET ADDRESS | 88 N E 79TH STREET |
| CITY-ST-ZIP | MIAMI, FL        00000, |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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## DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: _____  Jan 25, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone 305-758-2017

Joseph S. PAGLINO