2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 453641

1. Entity Name
REPRO PRODUCTS, INC.

Principal Place of Business	Mailing Address
4651 SW 51ST STREET SUITE 802 DAVIE, FL 33314 US	4651 SW 51ST STREET SUITE 802 DAVIE, FL 33314 US

01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1533811
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOEDMAKERS, MARIA T
4978 SW 35TH TERRACE
FORT LAUDERDALE, FL 33312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000027302
02/03/04-80041-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOEDMAKERS, MARIA T
STREET ADDRESS	4978 SW 35TH TERR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	V
NAME	NAVARRO, ALFREDO
STREET ADDRESS	6660 DOUGLAS ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	ST
NAME	GOEDMAKERS, HARRY
STREET ADDRESS	4978 SW 35TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/30/2004 954-792-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #