


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # 626599 1. Entity Name REPAZE MANAGEMENT, INC.	
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Principal Place of Business C/O SANFORD N. REINHARD 2875 NE 191ST STREET, SUITE 404 NORTH MIAMI BCH., FL 33180	Mailing Address C/O SANFORD N. REINHARD 2875 NE 191ST STREET, SUITE 404 NORTH MIAMI BCH., FL 33180
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1938426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N., P.A.
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180**

**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 _____

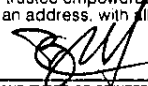
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDLIST, RENEE 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDLIST, BARRY DAVID 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDLIST, PAUL 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/03/08-80053-019 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/08 **446 7826569**
Date Daytime Phone #