

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626599

FILED
Apr 01, 2009
Secretary of State

Entity Name: REPAZE MANAGEMENT, INC.

Current Principal Place of Business:

C/O SANFORD N. REINHARD
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180

Current Mailing Address:

C/O SANFORD N. REINHARD
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180

New Principal Place of Business:

C/O SANFORD N. REINHARD
1290 WESTON ROAD, SUITE 201
WESTON, FL 33326

New Mailing Address:

C/O SANFORD N. REINHARD
1290 WESTON ROAD, SUITE 201
WESTON, FL 33326

FEI Number: 59-1938426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFORD N. REINHARD, P.A.
1290 WESTON ROAD
SUITE 201
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLDLIST, RENEE
Address: 123 DEWBOURNE AVE.
City-St-Zip: TORONTO, ONT., M6C 1Y6

Title: VP () Delete
Name: GOLDLIST, BARRY DAVID
Address: 123 DEWBOURNE AVE.
City-St-Zip: TORONTO, ONT., M6C 1Y6

Title: S () Delete
Name: GOLDLIST, PAUL
Address: 123 DEWBOURNE AVE.
City-St-Zip: TORONTO, ONT., M6C 1Y6

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOLDLIST, RENEE
Address: 123 DEWBOURNE AVE.
City-St-Zip: TORONTO, ONTARIO, XX M6C 1Y6

Title: VP (X) Change () Addition
Name: GOLDLIST, BARRY DAVID
Address: 123 DEWBOURNE AVE.
City-St-Zip: TORONTO, ONTARIO, XX M6C 1Y6

Title: S (X) Change () Addition
Name: GOLDLIST, PAUL
Address: 123 DEWBOURNE AVE.
City-St-Zip: TORONTO, ONTARIO, XX M6C 1Y6

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY DAVID GOLDLIST

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date