

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90032 004 ***150.00

DOCUMENT # F02000002330

1. Entity Name

REPLIWEB INC.



Principal Place of Business

630 SE 8TH AVE.
POMPANO BEACH FL 33060

Mailing Address

6600 N. ANDREWS AVE., SUITE 300
FT. LAUDERDALE FL 33309

2. Principal Place of Business

351 S. Cypress Road

Suite, Apt. #, etc.

402

City & State

Pompano Beach FL

Zip

33060

Country

Broward

3. Mailing Address

351 S. Cypress Road

Suite, Apt. #, etc.

402

City & State

Pompano Beach FL

Zip

33060

Country

Broward



MOORE

CR2E034 (11/03)

4. FEI Number

98-0220826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRMANN, GERRICK
1537 SW 6TH AVE.
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

GARRICK Herrmann

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

630 SE 8th Ave

City

Pompano Beach

FL

Zip Code

33060

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

2/14/2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORIEL, JOSSI	
STREET ADDRESS	630 SE 8TH AVE. 351 S. Cypress Road	
CITY-ST-ZIP	POMPANO BEACH FL 33060 Pompano Beach FL 33060	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HERRMAN, GARRICK	
STREET ADDRESS	630 SE 8TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2004 954 546-2274
Date Daytime Phone #