

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L41314

1. Entity Name
F. TRACE, INC.



Principal Place of Business
1920 E. HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009

Mailing Address
1920 E. HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009 US



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0165934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIPSON, ARTHUR E
1920 E. HALLANDALE BEACH BLVD.
SUITE 906
HALLANDALE, FL 33009

**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 VS
NAME LIPSON, ROCHELLE
STREET ADDRESS 1920 E HALLANDALE BEACH BLVD #906
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE PT
NAME LIPSON, ARTHUR E
STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD STE 906
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
NAME
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARTHUR E. LIPSON, Pres. 3/18/08 (954) 454-1114