

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M39284 1. Entity Name RESPONSIBLE VENDORS, INC.	
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Principal Place of Business 1111 PARK CENTER BLVD STE 104 MIAMI, FL 33169 US	Mailing Address 1111 PARK CENTER BLVD STE 104 MIAMI, FL 33169 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0120282	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHADROFF, SY 2700 SW 37 AVE. MIAMI, FL 33133	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PERLMAN, DEBORAH 1111 PARK CENTER BLVD 104 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CHADROFF, LORI 1111 PARK CENTER BLVD 104 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHADROFF, JOYCE 1111 PARK CENTER BLVD 104 MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

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: Deborah Perelman 3.9.05 305 628 3428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #