

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # M39284

1. Entity Name
RESPONSIBLE VENDORS, INC.



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**



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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 _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | DP |
| NAME | PERLMAN, DEBORAH |
| STREET ADDRESS | 1111 PARK CENTER BLVD 104 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | DST |
| NAME | CHADROFF, LORI |
| STREET ADDRESS | 1111 PARK CENTER BLVD 104 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | V |
| NAME | CHADROFF, JOYCE |
| STREET ADDRESS | 1111 PARK CENTER BLVD 104 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

02/21/06-80070-003 150.00

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:

Deborah Perlman **DEBORAH PERLMAN, Pres.**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR