

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000018120

1. Entity Name
CITRINE TECHNOLOGIES, INC.



Principal Place of Business
**20191 NE 16TH PLACE
MIAMI, FL 33179**

Mailing Address
**20191 NE 16TH PLACE
MIAMI, FL 33179**

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0990947** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A Z REGISTERED AGENT CORPORATION
2601 S. BAYSHORE DR., SUITE 1600
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMON, HAROLD
STREET ADDRESS	8200 HAWTHORN AVENUE
CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	VP
NAME	BONISKE, JOEL
STREET ADDRESS	13451 SW 41ST STREET
CITY - ST - ZIP	DAVIE, FL 33330
TITLE	ST
NAME	FENAUGHTY, MARK
STREET ADDRESS	10242 SW 129TH STREET
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/03/04-99074-022 150.00

**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: Mark A Fenaughty **MARK A FENAUGHTY** 4/23/04 305 493 3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #