

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90267 008 ***150.00

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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**

20046190



01312005 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

DO NOT WRITE IN THIS SPACE

— 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 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A FENAUGHTY

4/22/05
Date

305 493 3762
Daytime Phone #