

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90001 002 ***150.00

DOCUMENT # P01000078426

1. Entity Name
INVESTRITE CAPITAL MANAGEMENT INC.



Principal Place of Business
**1440 S OCEAN BLVD, #8C
POMPANO BCH, FL 33062**

Mailing Address
**1440 S OCEAN BLVD, #8C
POMPANO BCH, FL 33062**

34062100



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0811553

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAFF, HARVEY J
1440 S OCEAN BLVD, #8C
POMPANO BCH, FL 33062**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SAFF, HARVEY J
1440 S OCEAN BLVD, #8C
POMPANO BCH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
SAFF, MYRA
1440 S OCEAN BLVD, #8C
POMPANO BCH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 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

Date

Daytime Phone #

17/04/2004 *(954) 944-3578*

Attachment

July 06, 2004

54062100

#P01000078426

we never received a form.

After receiving your "notice of intent to dissolve" - we contacted accountant who generated attached form.

After speaking with you - our check attached.

Thank you -

Myra Saff