

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 032 ***158.75

DOCUMENT # P01000093352

1. Entity Name

ACCU-PRESSURE SAFETY CAPS, INC.



Principal Place of Business

150 E SAMPLE ROAD
100
POMPANO BEACH FL 33064

Mailing Address

150 E SAMPLE ROAD
100
POMPANO BEACH FL 33064



2. Principal Place of Business - No P.O. Box #

440 S. Federal Highway

Suite, Apt. #, etc.

203

City & State

Deerfield Beach, FL

Zip
33441

Country
USA

3. Mailing Address

440 S. Federal Highway

Suite, Apt. #, etc.

203

City & State

Deerfield Beach, FL

Zip
33441

Country
USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1139577

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, ADAM
150 E SAMPLE ROAD SUITE #100
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Adam Goldberg

Street Address (P.O. Box Number is Not Acceptable)

440 S. Federal Highway Suite #203

Deerfield Beach, FL 33441

City

Deerfield Beach, FL 33441

FL

Zip Code

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 Adam Goldberg

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-09-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
D
GOLDBERG, ADAM
149 LAS BRISAS CIRCLE
HYPOLUXO FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Adam Goldberg Adam Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-07

Date

954-571-9949

Daytime Phone #