

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90072 034 ***150.00

DOCUMENT # P02000061882

1. Entity Name
TROIKA SALES, INC.



Principal Place of Business
**6051 NORTH OCEAN DRIVE, SUITE 602
HOLLYWOOD, FL 33019**

Mailing Address
**6051 NORTH OCEAN DRIVE, SUITE 602
HOLLYWOOD, FL 33019**

34044117

2. Principal Place of Business
1347 NW 108th ST.

3. Mailing Address
1347 NW 108th ST.

Suite, Apt. #, etc.
410 Matthew Leithner

Suite, Apt. #, etc.
410 Matthew Leithner

City & State
Coral Springs, FL.

City & State
Coral Springs, FL.

Zip Country
33071 Broward

Zip Country
33071 Broward

03102004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3683558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BERGER, LESLIE H J.D.
2213 NORTH UNIVERSITY DR
HOLLYWOOD, FL 33024-3677**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 _____
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITNER, IRA B		NAME		
STREET ADDRESS	6051 NORTH OCEAN DRIVE, SUITE 602		STREET ADDRESS	7204 NW 116th WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITNER, DEBORAH S		NAME		
STREET ADDRESS	6051 NORTH OCEAN DRIVE, SUITE 602		STREET ADDRESS	7204 NW 116th WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITNER, MATTHEW		NAME		
STREET ADDRESS	9988 NOB HILL PL		STREET ADDRESS	1347 NW 108th ST.	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSEN, STACY		NAME		
STREET ADDRESS	14 N JEANNA MARIE APTS		STREET ADDRESS	40 Lombardi Dr	
CITY-ST-ZIP	NANUET, NY 10954		CITY-ST-ZIP	New City, N.Y. 10956	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **IRA B. LEITNER** **3-31-04** **854-345-3906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #