

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90336 012 ***150.00

DOCUMENT # P02000070308

1. Entity Name
RET INTL CORP.



Principal Place of Business
4346 FOX RIDGE DRIVE
WESTON, FL 33331

Mailing Address
4346 FOX RIDGE DRIVE
WESTON, FL 33331

2. Principal Place of Business
5315 NW 54 ST.
Suite, Apt. #, etc.

3. Mailing Address
5315 NW 54 ST
Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State
COCONUT CREEK, FL
Zip 33073 Country USA

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COCONUT CREEK, FL
Zip 33073 Country USA

4. FEI Number
47-0873082
Applied For
Not Applicable

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

6. Name and Address of Registered Agent

TORRES, RAPHAEL E
4346 FOX RIDGE DRIVE
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name ALICIA B TORRES
Street Address (P.O. Box Number is Not Acceptable)
5315 NW 54 Street
City Coconut Creek FL Zip Code 33073

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 ALICIA B TORRES VTS 04/28/04
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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TORRES, RAPHAEL E 4346 FOX RIDGE DRIVE WESTON, FL 33331 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS TORRES, ALICIA 4346 FOX RIDGE DR. WESTON, FL 33331 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C TORRES, RAFAEL 4346 FOX RIDGE DR. WESTON, FL 33331 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: ALICIA B TORRES 4/28/04 954 709 6590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #