2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000088722

1. Entity Name
SAFETY HIGHWAY PRODUCTS FL INC.

FILED
Aug 11, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
22904 LA CORNICHE WAY BOCA RATON, FL 33433	P.O. BOX 880429 BOCA RATON, FL 33488

DO NOT WRITE IN THIS SPACE

08062008 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3650931
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PINTER, DAVID
22904 LA CORNICHE WAY
BOCA RATON, FL 33433

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINTER, DAVID
STREET ADDRESS	22904 LA CORNICHE WAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957453
08/11/08-80002-003 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Dan Pinter 8/6/08 800-634-6564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #