

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112146

FILED
Apr 21, 2005
Secretary of State

Entity Name: RETRACTABLEAWNINGS.COM, INC.

Current Principal Place of Business:

4724 N.W. 165 STREET
HIALEAH, FL 330146423 US

New Principal Place of Business:

Current Mailing Address:

4724 N.W. 165 STREET
HIALEAH, FL 330146423 US

New Mailing Address:

FEI Number: 54-2100815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOP, MORRIS D
4724 N.W. 165 STREET
HIALEAH, FL 330146423 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CLAVELO, ORESTES MR
Address: 4724 NW 165 STREET
City-St-Zip: MIAMI, FL 33014 US

Title: P () Delete
Name: SCOP, MORRIS D MR
Address: 4724 NW 165 STREET
City-St-Zip: MIAMI, FL 33014 US

Title: V () Delete
Name: SCOP, IVOR C MR
Address: 4724 NW 165 STREET
City-St-Zip: MIAMI, FL 33014 US

Title: V () Delete
Name: SCOP, ERIC M MR
Address: 4724 NW 165 STREET
City-St-Zip: MIAMI, FL 33014 US

Title: S () Delete
Name: SCOP, MOLLY M MS.
Address: 4724 NW 165 STREET
City-St-Zip: MIAMI, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS SCOP

P

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date