

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Mar 03, 2004 8:00 am
Secretary of State

02-04-2004 90084 023 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000125043 1. Entity Name RETROFIT USA, INC.					
Principal Place of Business 8900 NW 35TH LANE 130 MIAMI FL 33172			Mailing Address 8900 NW 35TH LANE 130 MIAMI FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0360567	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ALI, CHRISTOPHER 12144 67TH STREET NORTH WEST PALM BEACH FL 33412		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE _____ NAME ALI, CHRISTOPHER ☐ Delete STREET ADDRESS 12144 67TH STREET NORTH CITY-ST-ZIP WEST PALM BEACH FL 33412	TITLE _____ ☐ Change ☒ Addition NAME EXECUTIVE VICE PRESIDENT STREET ADDRESS GILLETTE, LINDSAY CITY-ST-ZIP 8900 NW 35TH LANE #130 MIAMI, FL 33172				
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ 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: <u>CHRIS ALI</u> CHRIS ALI <u>1/30/04</u> <u>954-261-2215</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					