

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90003 030 \*\*\*150.00

**DOCUMENT # P04000057469**

1. Entity Name  
**CDA SAFETY PRODUCTS, INC.**



Principal Place of Business  
**1001 W. CYPRESS CREEK ROAD  
SUITE 401  
FT. LAUDERDALE, FL 33309 US**

Mailing Address  
**1001 W. CYPRESS CREEK ROAD  
SUITE 401  
FT. LAUDERDALE, FL 33309 US**



2. Principal Place of Business - No P.O. Box #  
**1001 W. Cypress Creek Rd**  
Suite, Apt. #, etc.  
**Suite 103**  
City & State  
**Ft. Lauderdale, FL**  
Zip  
**33309** Country  
**US**

3. Mailing Address  
**1001 W. Cypress Creek Rd**  
Suite, Apt. #, etc.  
**Suite 103**  
City & State  
**Ft. Lauderdale, FL**  
Zip  
**33309** Country  
**US**

07172007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-0966348**

Applied For  
☐ Not Applicable

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**

**RUSSO, DANIELLE  
1001 W. CYPRESS CREEK ROAD  
SUITE 401  
FT. LAUDERDALE, FL 33309**

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUSSO, DANIELLE 1001 W. CYPRESS CREEK ROAD #401 FT. LAUDERDALE, FL 33309</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1001 W. Cypress Creek Rd #103 Ft. Lauderdale, FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Danielle Russo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #