


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000124738**

1. Entity Name  
**SCEPTER PRODUCTS INC.**



Principal Place of Business <b>1190 NW 159TH DRIVE          MIAMI, FL 33169</b>	Mailing Address <b>1190 NW 159TH DRIVE          MIAMI, FL 33169</b>
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1567700</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COHN, ALAN B ESQ  
 100 WEST CYPRESS CREEK ROAD  
 SUITE 700  
 FT. LAUDERDALE, FL 33309**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

U00000340661  
 05/28/08 80075-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROGOVER, HOWARD 1190 NW 159TH DRIVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROGOVER, BERNARD 1190 NW 159TH DRIVE MIAMI, FL 33169
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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: **X** *Bernard Rogover* **BERNARD ROGOVER X** *4-23-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #