


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000145829	
1. Entity Name STAT-US-SALES CORP., INC.	

Principal Place of Business 21743 ARRIBA REAL #28H BOCA RATON FL 33433	Mailing Address 21743 ARRIBA REAL #28H BOCA RATON FL 33433
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent WELLS, JAMES R SR. 50 SE FOURTH AVENUE DELRAY BEACH FL 33483	
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7. Name and Address of New Registered Agent	
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, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P REIFLER, ARLENE 21743 ARRIBA REAL #28H BOCA RATON FL 33433	
V REIFLER, ROBERT 21743 ARRIBA REAL #28H BOCA RATON FL 33433	
S REIFLER, ARLENE 21743 ARRIBA REAL #28H BOCA RATON FL 33433	
T REIFLER, ROBERT 21743 ARRIBA REAL #28H BOCA RATON FL 33433	
D REIFLER, ARLENE 21743 ARRIBA REAL #28H BOCA RATON FL 33433	
D REIFLER, ROBERT 21743 ARRIBA REAL #28H BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000720451
05/01/07 00103-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Robert Reifler **ROBERT REIFLER** 4-16-07 561-4884031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #