

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000135158

1. Entity Name

REEFPAL, INC.



FILED

11 JUN -6 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

14446 W. Dixie Hwy

3. Mailing Address

PO BOX 801408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

MIAMI, FL

City & State

ADVENTURA, FL

4. FEI Number

APPLIED

Applied For

Not Applicable

Zip

33161

Country

DADE

Zip

33280

Country

DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

STUART H. GLAUSER, CPA

Street Address (P.O. Box Number is Not Acceptable)

14446 W. Dixie Hwy

City

MIAMI

FL

Zip Code

33161

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution.

E-mail Address:

REEFPAL@MSN.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	JAY SCHWAKES
STREET ADDRESS	14446 W. Dixie Hwy
CITY - ST - ZIP	MIAMI FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY - ST - ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

JAY SCHWAKES

DATE

Daytime Phone #

5/30/11
305-425-4800