

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90060 007 \*\*\*150.00

DOCUMENT # P06000003696

1. Entity Name  
RETAIL PLACEMENT INTERNATIONAL, INC.



Principal Place of Business  
5881 NW 151ST STREET SUITE 202A  
MIAMI, FL 33014

Mailing Address  
5881 NW 151ST STREET SUITE 202A  
MIAMI, FL 33014

66001560



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

5881 NW 151<sup>st</sup> Street

Suite, Apt. #, etc.

Suite 204

City & State

Miami, FL

Zip

33014

Country

USA

3. Mailing Address

5881 NW 151<sup>st</sup> Street

Suite, Apt. #, etc.

Suite 204

City & State

Miami, FL

Zip

33014

Country

USA

02142008 Chg-P CR2E034 (12/06)

4. FEI Number

20-4086711

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional - Fee Required

6. Name and Address of Current Registered Agent

STORCH, PHILIP  
5881 NW 151ST STREET SUITE 202A  
MIAMI, FL 33014

7. Name and Address of New Registered Agent

Name  
Storch, Philip

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

5881 NW 151<sup>st</sup> St Suite 204

Miami, FL 33014

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**  
**After May 1, 2008 Fee will be \$550.00**

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
D	STORCH, PHILIP	5881 NW 151ST STREET SUITE 202A	MIAMI, FL 33014	<input type="checkbox"/>
D	WARSHOWER, MICHAEL	5881 NW 151ST STREET SUITE 202A	MIAMI, FL 33014	<input type="checkbox"/>
D	BRAVO, FABIAN	5881 NW 151ST STREET SUITE 202A	MIAMI, FL 33014	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Storch, Philip	5881 NW 151 <sup>st</sup> St #204	Miami, FL 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Warshawer, Michael	5881 NW 151 <sup>st</sup> St #204	Miami, FL 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Bravo, Fabian	5881 NW 151 <sup>st</sup> St #204	Miami, FL 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Fabian Bravo* Fabian Bravo

2-22-08

786 2483422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #