

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90144 002 ***150.00

DOCUMENT # P07000064787

1. Entity Name
SIMRON INTERNATIONAL, INC.



Principal Place of Business
**11571 BIG SKY COURT
BOCA RATON, FL 33498**

Mailing Address
**11571 BIG SKY COURT
BOCA RATON, FL 33498**

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

04252008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-0299794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOLOMON, MARC I
1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

RONALD MOSCOVITCH

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

11571 BIG SKY CT.

City

BOCA RATON

FL

Zip Code

33498

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

APR. 25/08

**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	P	<input type="checkbox"/> Delete
NAME	MOSCOVITCH, RONALD	
STREET ADDRESS	11571 BIG SKY CT.	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	VP/S	<input type="checkbox"/> Delete
NAME	MOSCOVITCH, SIMA	
STREET ADDRESS	11571 BIG SKY CT.	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOSCOVITCH, RICHARD	
STREET ADDRESS	11571 BIG SKY CT.	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSCOVITCH, PAMELA	
STREET ADDRESS	11571 BIG SKY CT.	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR. 25/08

561-716-8714