

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90007 001 \*\*\*158.75

**DOCUMENT # P92000005840**

1. Entity Name  
**RESEAL INTERNATIONAL CORPORATION**



Principal Place of Business

**445 PARK AVENUE  
9TH FLOOR  
NEW YORK, NY 10022 US**

Mailing Address

**445 PARK AVENUE  
9TH FLOOR  
NEW YORK, NY 10022 US**

**44049633**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0389940**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PARDES, GREG**  
STREET ADDRESS **445 PARK AVE. 9TH PLACE**  
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☒ Change ☐ Addition  
NAME **445 Park Ave. 9th Floor**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVD** ☐ Delete  
NAME **POIT, LINDA**  
STREET ADDRESS **445 PLACE AVE. 9TH PLACE**  
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☒ Change ☐ Addition  
NAME **445 Park Ave. 9th Floor**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **RICHARDSON, OLIVER**  
STREET ADDRESS **445 PARK AVE. 9TH PLACE**  
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☒ Change ☐ Addition  
NAME **445 Park Ave. 9th Floor**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FALBERG, ARNOLD**  
STREET ADDRESS **445 PARK AVE. 9TH PLACE**  
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☒ Change ☐ Addition  
NAME **445 Park Ave. 9th Floor**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**GREG PARDES**

**7/20/04**

Date

**212 3684960**

Daytime Phone #