

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2004 90038 019 \*\*\*150.00

**DOCUMENT # P95000082858**

1. Entity Name  
**RETRAX SAFETY SYSTEMS, INC.**



Principal Place of Business

**1200 BRICKELL AVE  
STE 1480  
MIAMI, FL 33131**

Mailing Address

**1200 BRICKELL AVE  
STE 1480  
MIAMI, FL 33131**

**54009632**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0630077**

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

**GARVIN, DAVID M  
1200 BRICKELL AVE STE 1480  
MIAMI, FL 33131**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **GORDON, DENNIS J**  
STREET ADDRESS **6741 W SUNRISE BLVD. STE 8**  
CITY-ST-ZIP **PLANTATION, FL 33313**

TITLE **T** ☐ Delete  
NAME **COUVERTIER, DOUGLAS**  
STREET ADDRESS **4353 PINERIDGE COURT**  
CITY-ST-ZIP **WESTIN, FL 33331**

TITLE **DP** ☐ Delete  
NAME **GARVIN, DAVID**  
STREET ADDRESS **1200 BRICKELL AVE STE 1480**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **PEPPER, DAVID**  
STREET ADDRESS **PO BOX 350106**  
CITY-ST-ZIP **JACKSONVILLE, FL 32235**

TITLE **D** ☐ Delete  
NAME **IRIBAR, MANUEL**  
STREET ADDRESS **2216 HOLLYWOOD BLVD**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **D** ☐ Delete  
NAME **STAUBER, MARSHALL**  
STREET ADDRESS **4310 SHERIDAN ST**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **PEREZ, GERARDO**  
STREET ADDRESS **16782 NW 67 Avenue**  
CITY-ST-ZIP **MIAMI, Florida 33015**

TITLE **T** ☒ Change ☐ Addition  
NAME **Couvertier, Douglas**  
STREET ADDRESS **1430 Meadows Blvd.**  
CITY-ST-ZIP **Weston, Florida 33327**

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

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

TITLE ☐ Change ☐ Addition  
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

**2-17-04 (305) 371-8166**

Date

Daytime Phone #