

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

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**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0630077

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 restate)

DATE

5-11-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000567988
07/06/06-80003-008 550.00**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GORDON, DENNIS J
STREET ADDRESS	6741 W SUNRISE BLVD. STE 8
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	T
NAME	COUVERTIER, DOUGLAS
STREET ADDRESS	1430 MEADOWS BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33327
TITLE	DP
NAME	GARVIN, DAVID
STREET ADDRESS	1200 BRICKELL AVE STE 1480
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	PEPPER, DAVID
STREET ADDRESS	PO BOX 350106
CITY-ST-ZIP	JACKSONVILLE, FL 32235
TITLE	D
NAME	IRIBAR, MANUEL
STREET ADDRESS	2216 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	STAUBER, MARSHALL
STREET ADDRESS	4310 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 #

305-371-8166