


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 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
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01042007 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 <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	S GORDON, DENNIS J 6741 W SUNRISE BLVD. STE 8 PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COUVERTIER, DOUGLAS 1430 MEADOWS BLVD. FORT LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARVIN, DAVID 1200 BRICKELL AVE STE 1480 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER, DAVID PO BOX 350106 JACKSONVILLE, FL 32235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRIBAR, MANUEL 2216 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUBER, MARSHALL 4310 SHERIDAN ST HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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01/12/07-80007-010 150.00

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:  1/8/07 305 371 8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #