

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 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**



02072008 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 reinstating)

DATE

**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**

U000000831828
02/27/08-90034-012 150.00

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**

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

2-7-08

Date

305 371 8166

Daytime Phone #