

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90012 021 ***150.00

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1. Entity Name
CHEMICAL FORMULATORS, INC.



Principal Place of Business
**5215 W TYSON AVE
TAMPA, FL 33611 US**

Mailing Address
**3901 NW 115TH AVE
MIAMI, FL 33178 US**

54037487



03112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0684302

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

**NAMOFF, ROBERT
3901 NW 115TH AVE
MIAMI, FL 33178**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NAMOFF, ROBERT**
STREET ADDRESS **3901 NW 115TH AVE**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **C/D** ☒ Change ☐ Addition
NAME **Robert Namoff**
STREET ADDRESS **3901 NW 115 Ave.**
CITY-ST-ZIP **Miami, FL 33178**

TITLE **STD** ☐ Delete
NAME **RUBIN, RONALD**
STREET ADDRESS **13550 SW 61 COURT**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **Ronald Rubin**
STREET ADDRESS **13550 SW 61 Court**
CITY-ST-ZIP **Miami, FL 33156**

TITLE **D** ☒ Delete
NAME **NAMOFF, DAVID**
STREET ADDRESS **3901 NW 115 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **P/D** ☐ Change ☒ Addition
NAME **James Palmer**
STREET ADDRESS **3901 NW 115 Ave.**
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Michael Koven**
STREET ADDRESS **3901 NW 115 Ave.**
CITY-ST-ZIP **Miami, FL 33178**

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

Date

Daytime Phone #