

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90208 015 ***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**

40064010



04182006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0684302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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, 2006 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	CD NAMOFF, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3901 NW 115TH AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE NAME	VPD RUBIN, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	13550 SW 61 COURT	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE NAME	PD PALMER, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	3901 NW 115 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE NAME	T KOVEN, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	3901 NW 115 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director David Berman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8050 SW 86th Ter	
CITY-ST-ZIP	Miami, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael Kavan
MICHAEL KAVAN

4/18/06
Date

305 888 2623
Daytime Phone #