2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
04-19-2007 90409 045 ***150.00

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1. Entity Name
CHEMICAL FORMULATORS, INC.

66U1498U

Principal Place of Business	Mailing Address
5215 W TYSON AVE TAMPA, FL 33611 US	3901 NW 115TH AVE MIAMI, FL 33178 US

01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 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	CD
NAME	NAMOFF, ROBERT
STREET ADDRESS	3901 NW 115TH AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VPD
NAME	RUBIN, RONALD
STREET ADDRESS	13550 SW 61 COURT
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	PD
NAME	PALMER, JAMES
STREET ADDRESS	3901 NW 115 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	T
NAME	KOVEN, MICHAEL
STREET ADDRESS	3901 NW 115 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	BERMAN, DAVID
STREET ADDRESS	805 SW 86TH TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #