

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000083433

**Entity Name:** CONVERT ROI, INC.

**Current Principal Place of Business:**

1856 N. NOB HILL RD.  
#436  
PLANTATION, FL 33322

**Current Mailing Address:**

1856 N. NOB HILL RD.  
#436  
PLANTATION, FL 33322 US

**FEI Number:** 47-5290729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SCHLOSS, DAVID  
Address 1856 N. NOB HILL RD. #436  
City-State-Zip: PLANTATION FL 33322

Title P  
Name SCHLOSS, DAVID  
Address 1856 N. NOB HILL RD. #436  
City-State-Zip: PLANTATION FL 33322

Title VP  
Name SCHLOSS, DAVID  
Address 1856 N. NOB HILL RD. #436  
City-State-Zip: PLANTATION FL 33322

Title S  
Name SCHLOSS, DAVID  
Address 1856 N. NOB HILL RD. #436  
City-State-Zip: PLANTATION FL 33322

Title T  
Name SCHLOSS, DAVID  
Address 1856 N. NOB HILL RD. #436  
City-State-Zip: PLANTATION FL 33322

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID SCHLOSS

**OFFICER**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date