

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000083433

Entity Name: CONVERT ROI, INC.**FILED****Apr 30, 2016****Secretary of State****CC2397054430****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	Title	P
Name	SCHLOSS, DAVID	Name	SCHLOSS, DAVID
Address	1856 N. NOB HILL RD. #436	Address	1856 N. NOB HILL RD. #436
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	VP	Title	S
Name	SCHLOSS, DAVID	Name	SCHLOSS, DAVID
Address	1856 N. NOB HILL RD. #436	Address	1856 N. NOB HILL RD. #436
City-State-Zip:	PLANTATION FL 33322	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