

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000083433

Entity Name: CONVERT ROI, INC.**Current Principal Place of Business:**1503 MOONLIGHT DRIVE
LONGMONT, CO 80504**Current Mailing Address:**1503 MOONLIGHT DRIVE
LONGMONT, CO 80504 US**FEI Number:** 47-5290729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP 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****04/14/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date