

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90063 022 \*\*\*150.00

**DOCUMENT # J74143**

1. Entity Name

FAUSAL, INC.



Principal Place of Business

C/O SAL NEZVADOVITZ  
1792 CLEVELAND RD  
MIAMI BEACH FL 33141

Mailing Address

1907 NW 137 TERR  
PEMBROKE PINES FL 33028



2. Principal Place of Business - No P.O. Box #

1801 = 1817 N.W 20th Street

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami, FL 33042

City & State

Miami, FL 33042

4. FEI Number

59-2806505

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEZVADOVITZ, SALOMON  
1792 CLEVELAND ROAD  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

NEZVADOVITZ, SALOMON

Street Address (P.O. Box Number is Not Acceptable)

1907 N.W. 137 Terrace

City

Pembroke Pines

FL

Zip Code

33028

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, applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEZVADOVITZ, SALOMON	
STREET ADDRESS	1792 CLEVELAND RD	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEZVADOVITZ, ABRAHAM	
STREET ADDRESS	10393 BERMUDA DR.	
CITY- ST- ZIP	COOPER CITY FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOTOLA, RAFAEL	
STREET ADDRESS	1365 S BISCAYNE PL RD	
CITY- ST- ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MOTOLA RAFAEL
STREET ADDRESS	10101 COLLINS
CITY- ST- ZIP	MIAMI BEACH, FL. 33154
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Salomon Nezvadovitz president* 2/14/07 954-4470102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*