

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000006672
 1. Entity Name
 FE FI FAUX OF DELRAY, INC.



Principal Place of Business: 755 W ATLANTIC AVE A.102 DELRAY BEACH, FL 33445-4483
 Mailing Address: 2755 W ATLANTIC AVE A.102 DELRAY BEACH, FL 33445-4483



05172004 No Chg-P CR2E034 (10/03)

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4. FEI Number: 65-1079866 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MATSUNAYE, DEBORAH J
 2755 W ATLANTIC AVE A.102
 DELRAY BEACH, FL 33445-4483

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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: DEBORAH J MATSUNAYE *Deborah J Matsunaye* 6.15.04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATUNAYE, DEBORAH J
STREET ADDRESS	2755 W ATLANTIC AVE #102
CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 06/17/04-80002-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DEBORAH J MATSUNAYE *Deborah J Matsunaye* 6.15.04 279 0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #