

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

04-18-2006 90067 007 ***150.00

DOCUMENT # P05000000562 1. Entity Name BURAYE FILIPETS CORPORATION																															
Principal Place of Business 10850 CAMERON COURT # 303 DAVIE FL 33324		Mailing Address 10850 CAMERON COURT # 303 DAVIE FL 33324																													
2. Principal Place of Business 200 SE 15 ROAD Suite, Apt. #, etc. Apt 17 F City & State Miami, FL Zip 33129 Country USA		3. Mailing Address 200 SE 15 ROAD Suite, Apt. #, etc. Apt 17 F City & State Miami, FL Zip 33129 Country USA																													
4. FEI Number 270115115		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BURAYE, NANCY 10850 CAMERON COURT # 303 DAVIE FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 <u>Nancy Buraye</u> (NOTE: Registered Agent signature required when reappointing) DATE																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP P BURAYE, NANCY 10850 CAMERON COURT DAVIE FL 33324 </td> <td style="width: 50%; padding: 2px;"> ☒ Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP P BURAYE, NANCY 10850 CAMERON COURT DAVIE FL 33324	☒ Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP BURAYE NANCY 200 SE 15 Road Apt 17 F Miami, FL 33129 </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP BURAYE NANCY 200 SE 15 Road Apt 17 F Miami, FL 33129	☒ Change ☐ Addition												
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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: <u>Nancy Buraye</u> NANCY BURAYE <u>04/08/06</u> 786 287 8001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																															