


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90017 029 \*\*\*150.00

<b>DOCUMENT # F02000001809</b> 1. Entity Name <b>LATIF'S FINE FINISH, INC.</b>					
Principal Place of Business <b>2612 SAWGRASS MILLS CIRCLE SUNRISE, FL 33323</b>			Mailing Address <b>2612 SAWGRASS MILLS CIRCLE SUNRISE, FL 33323</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>56-2275728</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LATIF, IYAD E 3901 SOUTH OCEAN BLVD APT 4U HOLLYWOOD, FL 33019</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2601 NE 15th Ave</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33064</b>		
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 <b>Iyad E Latif</b> <span style="float: right;">DATE <b>01/15/06</b></span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LATIF, IYAD E 3901 SOUTH OCEAN DRIVE APT 4U HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 NE 15th Ave Pompano Beach FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 NE 15th Ave Pompano Beach FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 NE 15th Ave Pompano Beach FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 NE 15th Ave Pompano Beach FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 NE 15th Ave Pompano Beach FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <b>Iyad E Latif</b> <span style="float: right;">DATE <b>01/15/06</b> 954.845.9449</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					