

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 30, 2006 8:00 am
Secretary of State

03-21-2006 90038 014 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P96000089820					
1. Entity Name FPB ASSOCIATES, INC.					
Principal Place of Business 4719 HAYES ST HOLLYWOOD FL 33021		Mailing Address 4719 HAYES ST HOLLYWOOD FL 33021			
2. Principal Place of Business SOME		3. Mailing Address SOME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SOME		City & State SOME		4. FEI Number 65-0705386	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33021	Country USA	Zip 33021	Country USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOSCO, FRANK P 4719 HAYES ST HOLLYWOOD FL 33021			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 <i>Frank P Bosco</i>			DATE <i>March 6, 2006</i>		
Signature: <small>Typed or printed name of registered agent and title if applicable.</small>			DATE		
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSCO, FRANK 4719 HAYES ST HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOSCO, MARY 4719 HAYES ST HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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: <i>Frank P Bosco</i>		TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANK P. BOSCO		Date <i>3/25/06</i> Daytime Phone # <i>954243-0250</i>	