2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341109

Entity Name: FAMOUS INDUSTRIES INC

FILED Mar 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5450 LAKE WORTH ROAD PO BOX 511 LAKE WORTH, FL 33460				5450 LAKE WORTH ROAD GREENACRES, FL 33463	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5450 LAKE WORTH ROAD PO BOX 511 LAKE WORTH, FL 33460			P.O.BOX 511 LAKE WORTH, FL 3	P.O.BOX 511 LAKE WORTH, FL 33460	
FEI Number:	: 59-1231827	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
The above	D STREET LM BEACH, FI		urpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		. 0. 1 10			
Election Car		nic Signature of Registered Age g Trust Fund Contribution ().	nt	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VP () BROZ, SOPHIA 22 HARBOR DI LAKE WORTH,	र	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BROZ, EDWAF 22 HARBOR DI LAKE WORTH,	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BROZ, EDWAF 3787 WRY RD LAKE WORTH,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () HICKS, BARBA 4455 CONSTAI GREENACRES	NTINE CR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BROZ, JEROM	BLVD APT 505	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	D () DELSANTO, CA 3844 CORRIGA LAKE WORTH	AN CT.	Title: Name: Address: City-St-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HICKS S 03/29/2005