

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 421497**

1. Entity Name  
**FILTERED PRODUCTS INC.**



Principal Place of Business  
**707 N.W. 6TH AVE  
FORT LADERDALE, FL 33311-7331**

Mailing Address  
**707 N.W. 6TH AVE  
FORT LADERDALE, FL 33311-7331**



03202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1459883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**COLLINS, MONROE JR  
410 SW 18 CT  
POMPANO BEACH, FL 33060**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	COLLINS, MONROE JR
STREET ADDRESS	410 SW 18 CT.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	SD
NAME	COLLINS, MONROE
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	T
NAME	COLLINS, MONROE
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	VDS
NAME	COLLINS, DIANA L
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	COLLINS, JEFFREY S
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/20/07-80106-004 150.00

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:** *Monroe Collins Jr.* **MONROE COLLINS, JR.** 3-17-07 (954)462-1954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #