

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 044 ***150.00

DOCUMENT # 589980

1. Entity Name

FEPERS ENTERPRISES INC.



Principal Place of Business

C/O CECIL GOFF
941 TANGLEWOOD CIR
WESTON FL 33327
US

Mailing Address

C/O CECIL GOFF
941 TANGLEWOOD CIR
WESTON FL 33327
US

2. Principal Place of Business

1011 NW 24 PL

3. Mailing Address

1011 NW 24 PL

Suite, Apt. #, etc.

Apt. 105, Bldg. 197

Suite, Apt. #, etc.

Apt. 105, Bldg. 197

City & State

SUNRISE

City & State

SUNRISE

Zip

33322-6881

Country

U.S.

Zip

33322-6881

Country

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

59-1951187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAYAD, AFIF
1541 ELM GROVE ROAD
WESTON FL 33327

7. Name and Address of New Registered Agent

Name Fayad Afif
Street Address (P.O. Box Number is Not Acceptable)
1011 NW 24 PL
Apt. 105, Bldg. 197
City SUNRISE FL Zip Code 33322-6881

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

A. Fayad Afif N. Fayad

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MIGUEL, PEDRO
STREET ADDRESS 941 TANGLEWOOD CIR
CITY-ST-ZIP WESTON FL 33327

TITLE SD ☐ Delete
NAME FAYAD, AFIF
STREET ADDRESS 1541 ELM GROVE RD
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Miguel, Pedro
STREET ADDRESS 1011 NW 24 PL, Apt. 105 Bldg. 197
CITY-ST-ZIP SUNRISE, FL. 33322-6881

TITLE SD ☒ Change ☐ Addition
NAME Fayad Afif
STREET ADDRESS 1011 NW 24 PL, Apt. 105 Bldg. 197
CITY-ST-ZIP SUNRISE, FL. 33322-6881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

A. Fayad Afif N. Fayad Secretary/Director 2/23/04 (703) 897-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #