


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90226 010 ***150.00

DOCUMENT # 589980 1. Entity Name FEPERS ENTERPRISES INC.					
Principal Place of Business C/O CECIL GOFF 10111 NW 24 PL APT 105 BLDG. 197 SUNRISE, FL 33322 US			Mailing Address C/O CECIL GOFF 10111 NW 24 PL APT 105 BLDG. 197 SUNRISE, FL 33322 US		
2. Principal Place of Business 8061 Royal Palm Circle Suite, Apt. #, etc.		3. Mailing Address 8061 Royal Palm Circle Suite, Apt. #, etc.			
City & State TAMARAC, FL		City & State TAMARAC, FL		4. FEI Number 59-1951187	
Zip 33321		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAYAD, AFIF 10111 NW 24 PL SUNRISE, FL 33322			7. Name and Address of New Registered Agent Name FAYAD, AFIF N Street Address (P.O. Box Number is Not Acceptable) 8061 Royal Palm Circle City TAMARAC FL Zip Code 33321		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 PD NAME MIGUEL, PEDRO STREET ADDRESS 10111 NW 24 PL APT 105 BLDG. 197 CITY-ST-ZIP SUNRISE, FL 33322	<input type="checkbox"/> Delete		TITLE PD NAME MIGUEL, PEDRO STREET ADDRESS 8061 Royal Palm Circle CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME FAYAD, AFIF STREET ADDRESS 10111 NW 24 PL APT 105 BLDG. 197 CITY-ST-ZIP SUNRISE, FL 33322	<input type="checkbox"/> Delete		TITLE SD NAME FAYAD, AFIF STREET ADDRESS 8061 Royal Palm Circle CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" 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	
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 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: <u><i>Fayad AFIF N. Fayad</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-10-05</u> (954) 724-9264 <small>Daytime Phone #</small>		