

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646918

Entity Name: FOREIGN AFFAIRS, INC.

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

7867 NW 52ND STREET  
MIAMI, FL 33166 US

**New Principal Place of Business:**

4991 SW 86 STREET  
MIAMI, FL 33143 US

**Current Mailing Address:**

4991 S.W. 86TH ST.  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 59-2052689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRARI, MARIO PD  
4991 SW 86 ST  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERRARI, MARIO PD  
Address: 4991 SW 86 ST  
City-St-Zip: MIAMI, FL 33143 US

Title: STD ( ) Delete  
Name: FERRARI, ELIZABETH  
Address: 4991 SW 86 ST  
City-St-Zip: MIAMI, FL 33143 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIO FERRARI

PD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date