


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90010 006 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # F28913</b><br>1. Entity Name<br><b>FOXY PRODUCTS, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1850 W MCNAB RD<br/>FT LAUDERDALE, FL 33309</b> | Mailing Address<br><b>1850 W MCNAB RD<br/>FT LAUDERDALE, FL 33309</b> |
|---|---|

4401004J



01232004 No Chg-P CR2E034 (10/03)

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|   |  |
|---|--|
| 4. FEI Number<br><b>59-2101721</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>FEROLA, FRANK F.<br/>1850 W. MCNAB ROAD<br/>FT LAUDERDALE, FL 33309</b> |
|---|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SPIEGEL, DAVID<br>1850 W. MCNAB RD.<br>FT. LAUDERDALE, FL 33309      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>D'AMBROSIO, THOMAS<br>1850 WEST MCNAB RD.<br>FT LAUDERDALE, FL 33309 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:**  **1/29/04** **984 971-0600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #