


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J31518**

1. Entity Name  
 F.F.E., INC.



Principal Place of Business      Mailing Address

801 SEABREEZE BLVD      2808 NE 27 ST  
 FT LAUDERDALE, FL 33316 US      FT LAUDERDALE, FL 33306 US

**DO NOT WRITE IN THIS SPACE**



01312005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0235031      Not Applicable

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

6. Name and Address of Current Registered Agent

MOUDY, ALLEN  
 2808 NE 27TH ST  
 FORT LAUDERDALE, FL 33306

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOUDY, ALLEN
STREET ADDRESS	2808 NE 27TH ST
CITY - ST - ZIP	FT. LAUDERDALE, FL 33306
TITLE	V
NAME	MOUDY, A M
STREET ADDRESS	1408 SW 32 ST
CITY - ST - ZIP	FT LAUDERDALE, FL 33315
TITLE	ST
NAME	MOUDY, REBECCA
STREET ADDRESS	2808 NE 27TH ST
CITY - ST - ZIP	FT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Allen Moudy ALLEN MOUDY    4.5.05    954.462.9194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #