

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # J74143

1. Entity Name
FAUSAL, INC.



Principal Place of Business
**C/O SAL NEZVADOVITZ
 1792 CLEVELAND RD
 MIAMI BEACH FL 33141**

Mailing Address
**C/O SAL NEZVADOVITZ
 1792 CLEVELAND RD
 MIAMI BEACH FL 33141**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2806505** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**NEZVADOVITZ, SALOMON
 1792 CLEVELAND ROAD
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
110000230959
02/16/05-80010-018 150.00
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P	<input type="checkbox"/> Delete
NAME	NEZVADOVITZ, SALOMON	
STREET ADDRESS	1792 CLEVELAND RD	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEZVADOVITZ, ABRAHAM	
STREET ADDRESS	10393 BERMUDA DR.	
CITY - ST - ZIP	COOPER CITY FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOTOLA, RAFAEL	
STREET ADDRESS	1365 S BISCAYNE PL RD	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: SAL NEZVADOVITZ
 Signature and typed or printed name of signing officer or director
 Date _____ Daytime Phone # _____