## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J74143

Entity Name: FAUSAL, INC.

FILED Feb 08, 2009 Secretary of State

1801 1817 NW 20TH STREET MIAMI, FL 33042

Current Mailing Address: New Mailing Address:

1907 NW 137 TERR PEMBROKE PINES, FL 33028

FEI Number: 59-2806505 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NEZVADOVITZ, SALOMON 1907 NW 137 TERRACE PEMBROKE PINES, FL 33028 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition NEZVADOVITZ, SALOMON, NEZVADOVITZ, SALOMON Name: Name: 1907 NW 137 TERRACE 1907 NW 137 TERRACE Address: Address: City-St-Zip: HOLLYWOOD, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: D () Delete Title: D (X) Change () Addition Name: NEZVADOVITZ, ABRAHAM Name: NEZVADOVITZ, ABRAHAM Address: 10393 BERMUDA DR. Address: 10393 BERMUDA DR.

Address: 10393 BERMUDA DR. Address: 10393 BERMUDA DR. City-St-Zip: COOPER CITY, FL 33026 US

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: MOTOLA, RAFAEL, Name: MOTOLA, RAFAEL,

Name: MOTOLA, RAFAEL, Name: MOTOLA, RAFAE Address: 10101 COLLINS Address: 10101 COLLINS

City-St-Zip: MIAMI BEACH, FL 33154 City-St-Zip: MIAMI BEACH, FL 33154 US

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: SALOMON NEZVADOVITZ P 02/08/2009