

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90089 001 \*\*\*150.00  
04-13-2005 90089 002 \*\*\*\*\*8.75

DOCUMENT # K13531

1. Entity Name

FBS CONNECTION, INC.



Principal Place of Business

8401 N.W. 53RD TERRACE  
#114  
MIAMI FL 33166  
US

Mailing Address

8401 N.W. 53RD TERRACE  
#114  
MIAMI FL 33166  
US

2. Principal Place of Business

10803 N.W. 29 ST.  
Suite, Apt. #, etc.

3. Mailing Address

10803 N.W. 29 STREET  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

DORAL, FLORIDA

City & State

DORAL, FLORIDA

4. FEI Number

65-0133111

Applied For

Not Applicable

Zip

33172

Country

U.S.

Zip

33172

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KHALIL, JOSEPH ABOU  
8401 N.W. 53RD TERRACE  
SUITE #114  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

SIMONE ABOU KHALIL

Street Address (P.O. Box Number is Not Acceptable)

10803 N.W. 29 STREET

City

DORAL

FL

Zip Code

33172

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

*Simone Abou Khalil* SIMONE ABOU KHALIL President

3-24-05

Signature of current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 ☒ Delete  
NAME KHALIL, JOSEPH ABOU  
STREET ADDRESS 8401 N.W. 53 TERRACE STE 114  
CITY-ST-ZIP MIAMI FL

TITLE T ☐ Delete  
NAME KHALIL, SIMONE ABOU  
STREET ADDRESS 8401 N.W. 53RD TERRACE SUITE #114  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME SIMONE ABOU KHALIL  
STREET ADDRESS 10803 N.W. 29 STREET  
CITY-ST-ZIP DORAL, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

*Simone Abou Khalil* SIMONE ABOU KHALIL

3-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #