

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # K13531

1. Entity Name

FBS CONNECTION, INC.



Principal Place of Business

10803 N.W. 29 ST
MIAMI FL 33172
US

Mailing Address

10803 N.W. 29 ST
MIAMI FL 33172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0133111

Applied for
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHALIL, SIMONE A
10803 N.W. 29 STREET
DORAL FL 33172

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 2
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP
KHALIL, SIMONE ABOU
10803 NW 29 STREET
DORAL FL 33172 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add
U00000498763
04/24/06-80002-022 150.00

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

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

TITLE NAME
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TITLE NAME
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CITY- ST- ZIP ☐ Change ☐ Add

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 ABOUKHALIL 4-7-06 (305) 594-0550