2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K68485

1. Entity Name
FB SUPPRESSORS, INC.

Principal Place of Business	Mailing Address
18395 SW 293RD ST HOMESTEAD, FL 33030	18395 SW 293RD ST 17275 SW 256TH STREET HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

08192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0094800	Not Applicable

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

6. Name and Address of Current Registered Agent

STARKE, JOHN W
18395 SW 293 RD ST
HOMESTEAD, FL 33030

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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 reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

H000003768R0
08/22/05-80005-019 550.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	STARKE, JOHN W
STREET ADDRESS	19895 SW 293RD ST
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	VP
NAME	BENSON, FRANCES F
STREET ADDRESS	21005 SW 184TH AVE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _John W. Starke_ JOHN W. STARKE   AUGUST 19, 2005   305 247-3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #