

**2005 FOR PROFIT CORPORATION
ANNUAL-REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L42067

1. Entity Name
FUTURE PLANNING GROUP, INC.



Principal Place of Business
1501 SW 15 ST
BOCA RATON, FL 33486-6532

Mailing Address
1501 SW 15 ST
BOCA RATON, FL 33486-6532



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0166093

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAHON, TIMOTHY K.
2929 E COMMERCIAL BLVD
PENTHOUSE "E"
FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALACIO, FELIPE M.
STREET ADDRESS	1501 SW 15 ST
CITY - ST - ZIP	BOCA RATON, FL
TITLE	SD
NAME	PALACIO, MARIA E.
STREET ADDRESS	1501 SW 15 ST
CITY - ST - ZIP	BOCA RATON, FL
TITLE	TD
NAME	METZGER, PATRICIA
STREET ADDRESS	2102 NW 5TH AVE
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000349323
05/02/05-80060-009 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] FELIPE M. PALACIO 4/27/05 (561) 368-4197