

2005 FOR PROFIT CORPORATION ANNUAL REPORT

KDS 9/26

DOCUMENT # M65011

1. Entity Name
FUTURCOM, INC.



FILED

05 SEP 26 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

104 S CRANDON BLVD
424
KEY BISCAVNE, FL 33149 US

Mailing Address

P.O. BOX 543
KEY BISCAVNE, FL 33149 US

2. Principal Place of Business

120 Buttonwood

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132005

Chg-P

CR2E034 (10/03)

City & State

Key Biscayne, Fla.

City & State

Zip

33149

Country

USA

Zip

Country

4. FEI Number

65-0210039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS INC.
501 BRICKELL KEY DRIVE
SUITE 200
MIAMI, FL 33131

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by October 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME SOLER, FRANCISCO R (F)
STREET ADDRESS 120 BUTTONWOOD
CITY-ST-ZIP KEY BISCAVNE, FL

TITLE DVS ☐ Delete
NAME SOLER, ANA PICAZA
STREET ADDRESS 120 BUTTONWOOD
CITY-ST-ZIP KEY BISCAVNE, 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
300060048348
09/28/05--01051--022 **150.00

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/05

Date

205-391-3730

Daytime Phone #