

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90175 036 ****61.25

DOCUMENT # N05000007041 1. Entity Name FAAJED, INC.			
Principal Place of Business 90 LARIAT CIR BOCA RATON, FL 33487		Mailing Address 90 LARIAT CIR BOCA RATON, FL 33487	
2. Principal Place of Business 213 N.E. 10TH ST. Suite, Apt. #, etc.		3. Mailing Address 213 N.E. 10TH ST. Suite, Apt. #, etc.	
City & State Delray Beach, FL Zip 33444		City & State Delray Beach, FL Zip 33444	
4. FEI Number 74-3148725		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRIER, PHILIPPE H 90 LARIAT CIR BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name <u>PADOVANY, SCHUMAN</u> Street Address (P.O. Box Number is Not Acceptable) 213 N.E. 10TH ST. City <u>Delray Beach,</u> <u>FL</u> Zip Code <u>33444</u>	
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 <u>Schuman Padovany: CHAIRMAN</u> <u>Schuman Padovany</u> <u>4-26-06</u> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRIER, PHILIPPE 90 LARIAT CIR BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADOVANY, SCHUMAN 213 NE 10TH STREET DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRYSOSTOME, PATRICK 1443 SW 27TH AVE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADOVANY, MARIE J 213 NE 10TH STREET DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOINE, MADELINE 809 SW 8TH AVE DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.			
SIGNATURE: <u>Schuman Padovany</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-26-06</u> <u>(561) 305-0365</u> <small>Date Daytime Phone #</small>	