## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P00000028783** 07-30-2007 90064 013 \*\*\*150.00 THE FAUX PROS. INC. Principal Place of Business Mailing Address 821 US HIGHWAY 1 821 US HIGHWAY 1 LAKE PARK, FL 33403 LAKE PARK, FL 33403 US 3. Mailing Address 203 Foresteria Drive 2. Principal Place of Business - No P.O. Box # 203 Foresteria Drive Suite Ant # etc. Suite, Apt. #, etc. 07232007 Chg-P CR2E034 (12/06) City & State Park City & State Park 4. FEI Number Applied For ŦΙ F( 65-0991737 Not Applicable Country (S \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DILEO, LISA J Street Address (P.O. Box Numper is Not Acceptable) 821 US HIGHWAY 1 LAKE PARK, FL 33403 33403 cin/LakePark 8. The above named entity submits this statement for the ourpose 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\_ Signalure, typed or printed name of registered agent and the if applicable, (NOTE, Roughlead, agent agent agent agent agent agent). DATE FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DRF DEST De ete TITE F Change Addition NAME DILEO, LISA J NAME STREET ADDRESS 821 US HIGHWAY 1 STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY ST ZIP ☐ Change TITLE Delete TITLE Addition **NAME** NALIF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP TITLE Delete TITLE Addition ☐ Change HAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP TITLE De ete TITLE Change ☐ Addition JAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Fiorida 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. Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an ess, with all other like empowered. SIGNATURE: Daylime Phone # ME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jul 30, 2007 8:00 am



## ATTACHMENT

203 Foresteria Drive Lake Park, FL 33403 Tel: 561-373-1039

Fax: 561-840-3431

July 24, 2007

Division of Corporations 2670 Executive Center Circle, Suite 100 Tallahassee, FL 32301

RE: Document # P00000028783

To Whom It May Concern:

Enclosed please find the 2007 Profit Corporation Annual Report form with updated changes as well as a check in the amount of \$150.00 for the fees which were due by May 1, 2007.

I am requesting a waiver on any late fees applied as I never received the 2007 Renewal Notice. Unfortunately, I recently received a Notice of Intent to Dissolve – which I do not want to do. I had since changed my address but my mail was never forwarded, therefore, I never received the Renewal Notice for 2007.

Please contact me should you have any questions or if there is any discrepancy with the enclosed document and payment.

Thank you for your attention and assistance.

Sincerely,

Lisa J. DiLeo

Enclosed \_