

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000030782

Entity Name
F & F HOME BUILDERS INC.



Principal Place of Business
2617 PARK ROAD
HALLANDALE, FL 33009

Mailing Address
2617 PARK ROAD
HALLANDALE, FL 33009

FILED
06 APR 27 2006 11:21

STATE
TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1024507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINKELSTEIN, MICHAEL
2617 PARK ROAD
HALLANDALE, FL 33009

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FINKELSTEIN, MICHAEL
2617 PARK ROAD
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
FINKELSTEIN, ERIC S
2617 PARK ROAD
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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000074149560
05/09/06--01015--018 **300.00

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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 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 #