


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90400 005 ***150.00

DOCUMENT # P00000096805					
1. Entity Name FAUX WORKS, INC.					
Principal Place of Business 1101 PINEAPPLE AVE. NE PALM BAY FL 32905			Mailing Address 1101 PINEAPPLE AVE. NE PALM BAY FL 32905		
<i>New Address !!</i>					
2. Principal Place of Business 478 New Ave. N.E.			3. Mailing Address 478 New Ave. N.E.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Palm Bay FL			City & State Palm Bay, FL 32907		
Zip 32907			Zip 32907		
Country Brevard			Country Brevard		
6. Name and Address of Current Registered Agent DEFIGUEIREDO, SERAFIM M 1101 PINEAPPLE AVE. NE PALM BAY FL 32905			7. Name and Address of New Registered Agent		
<i>Address change Above.</i>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <i>S. M. P.</i> (NOTE: Registered Agent signature required when registering)					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEFIGUEIREDO, SERAFIM M	NAME			
STREET ADDRESS	1101 PINEAPPLE AVE. NE <i>New Address Above</i>	STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>S. M. P.</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3-31-04 Daytime Phone # 321-223-6906					



MOORE CR2E034 (11/03)