

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000032752

1. Entity Name
SPECIAL EFFECTS FAUX FINISHING, INC.



Principal Place of Business
**P.O. BOX 61031
FT MYERS, FL 33906**

Mailing Address
**P.O. BOX 61031
FT MYERS, FL 33906**



03032006 No Clig-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0651352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, ALVARO
5826 WHITING CT
FT MYERS, FL 33919**

**DO NOT WRITE
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**

**000000471901
03/29/06-80014-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, ALVARO
STREET ADDRESS	5826 WHITING CT
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	V
NAME	RODRIGUEZ, EVANGELINE
STREET ADDRESS	5826 WHITING CT
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

3-10-06 (231)590-9967

Date

Daytime Phone #