

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90013 043 ***150.00

DOCUMENT # P02000052831

1. Entity Name
SOLUTIONS FOR YOUR FUTURE, INC.



Principal Place of Business
**3015 EXCHANGE COURT
SUITE B
WEST PALM BEACH, FL 33409-4048**

Mailing Address
**3015 EXCHANGE COURT
SUITE B
WEST PALM BEACH, FL 33409-4048**

50001132



2. Principal Place of Business
14223 BLACKBERRY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
14223 BLACKBERRY DRIVE
Suite, Apt. #, etc.

03042006 Chg-P CR2E034 (11/05)

City & State
WELLINGTON, FL
Zip
33414-8239 Country
USA

City & State
WELLINGTON, FL
Zip
33414-8239 Country
USA

4. FEI Number
14-1861379 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KARMEIN, ALLEN M
3015 EXCHANGE COURT
SUITE B
WEST PALM BEACH, FL 33409-4048**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
14223 BLACKBERRY DRIVE
City **WELLINGTON** **FL** Zip Code
33414

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 *Allen M. Kar*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/4/6
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
KARMEIN, ALLEN M
14223 BLACKBERRY DR.
WEST PALM BEACH, FL 334148239** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KARMEIN, MIRA J
14223 BLACKBERRY DR.
WEST PALM BEACH, FL 334148239** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *Allen M. Kar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/6
Date

561-7911007
Daytime Phone #