2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-09-2007 90041 016 --*150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000053053

1. Entity Name
FIRST AMERICAN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
24612 E. COLONIAL DRIVE CHRISTMAS FL 32709	23748 E. COLONIAL DRIVE CHRISTMAS FL 32709

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1600 NW Christmas Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Christmas Florida
Zip / Country	Zip: 32709 / Country: U.S.A

4. FEI Number 20-0033632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONACO, DEAN PO BOX 347 CHRISTMAS FL 32709	Name Street Address (P.O. Box Number is Not Acceptable): 1600 NW Christmas Rd City: Christmas FL Zip Code: 32709

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MONACO, DEAN PO BOX 347 CHRISTMAS FL 32709 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD MONACO, EFFIE PO BOX 347 CHRISTMAS FL 32709 ☒ Delete (Please Delete.)	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 Section 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: Dean Monaco President 3/28/07 407-275-2471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #