


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90016 005 ***150.00

DOCUMENT # P03000054692 1. Entity Name F.I.N.D. CORP.					
Principal Place of Business 1126 S FEDERAL HWY # 192 FT LAUDERDALE, FL 33316			Mailing Address 1126 S FEDERAL HWY # 192 FT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 83-0362256				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KUTZMAN, LEIGH C ESQ 1501 NW 49 STREET # 202 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P HIKIN, BARRY 1126 S FEDERAL HWY # 192 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. LUIS M. VILA, SR. 767 South S.R. 7 #22-C MARGATE, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Leigh C. Kutzman, Esq. 1501 NW 49 STREET #202 Fort Lauderdale, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Redacted]	
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: <i>Barry Hikin, President</i>			4-27-07 (954) 263-1011		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		