2007 FOR PROFIT CORPORATION ANNUAL REPORT

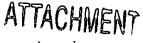
FILED May 24, 2007 8:00 am Secretary of State

1. Entity Nam	MEN I # PU3UUUU50 FAUX FINISHING, INC.	3199					7 90004 021	***15	0.00
Principal Plac 3001 NW 4T APT #190 POMPANO B		Mailing Address 3001 NW 4TH TERRA APT #190 POMPANO BEACH, FL		I '7			Offi dalak allal izibi iz		(1 11 1
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032007	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Number 57-1169				pplied For ot Applicable	
Zip	Country	Zip	Coun	itry		f Status Desired		3.75 Add	litional
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and	Address of New	Registered Age	ent	
3001 N.W.	ATTHEW R 4TH TER. #190 D BEACH, FL 33064			Name Street Addres	s (P.O. Box Number	is Not Acceptab	ile)		
				City			FL	Zip Code	e
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or regis	tered agent, or both	, in the State of F	lorida. Lam fam	iliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstating)		DATE		
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	9. Election Campa Trust Fund Con			5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	<u> </u>	ADDITIONS/C	HANGES TO OF	FICERS AND O	BECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD IBACH, MATTHEW R 3001 NW 4TH TERRACE POMPANO BEACH, FL 33064	☐ Delete	TITLE NAM STRE		Abbillora/C	ATTAINES TO OF		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD IBACH, PAULA C 3001 NW 4TH TERRACE POMPANO BEACH, FL 33064	☐ Delete] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	Addition

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 DIRECTO



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Division of Corporations

Annual Report

Annual Report Help

Document Number P03000058199 Business Entity Nam

IBACH'S FAUX FINISHING INC

	IVIOLELI	10, 111		
57	7116928	8		
Listed Above Applied For			Applied For	Not Applicable
	Yes	No	\$8.75 each	
d Contribution	Yes	No		
incipal Place	of Bu	sines	S	
3001 NW 4TH 1	TERRAC	E		
APT #190				
	d Contribution incipal Place 3001 NW 4TH	57116928 Listed Yes d Contribution Yes incipal Place of Bu 3001 NW 4TH TERRAC	571169288 Listed Above Yes No d Contribution Yes No incipal Place of Busines: 3001 NW 4TH TERRACE	Listed Above Applied For Yes No \$8.75 each d Contribution Yes No incipal Place of Business 3001 NW 4TH TERRACE

Address	3001 NW 41H TERRACE	
Suite, Apt. #, etc.	APT #190	
City, State	POMPANO BEACH	, FL
Zip Code & Countr	у 33064	

Mailing Address 3001 NW 4TH TERRACE Address Suite, Apt. #, etc. APT #190 , FL POMPANO BEACH City, State Zip Code & Country 33064

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	IBAC	,MATTHEW	,R	,
- OR -				
Business to serve as RA				,,,,,,,,
Address (PO Box is not acceptable) 3001 N.W. 4	TH TER. #190		
Suite, Apt. #, etc.				
City, State	POMPANO I	BEACH ,	FL	
Zip Code & Country	33064	US		

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an

ATTACHMENT HOURS https://efile.sunbiz.org/scripts/ubr001.exe

individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Matthew R. Mach

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PSD					
Name (Last, First, Middle, Title)	IBACH	,MATTHEW	,R	- ,		
- OR -	,					
Entity Name to serve as Officer/Director				•		
Street Address	3001 NW 4TH TER	RACE	<u>. </u>			
City, State	POMPANO BEACH	, F	Ļ			
Zip Code & Country	33064	_				
Title	VTD					
Name (Last, First, Middle, Title)	IBACH	,PAULA	,с	-,		
- OR -						
Entity Name to serve as Officer/Director	,					
Street Address	3001 NW 4TH TER	RACE		-		
City, State	POMPANO BEACH	,-JF			. ~~	- ·-
Zip Code & Country	33064	*******				
Title						
Name (Last, First, Middle, Title)		,	,	•		
- OR -						
Entity Name to serve as Officer/Director				_		
Street Address						
City, State		, [

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vision of Corporations	ATTACH	IMENT401	18330 https://ef	ile.sunbiz.org/scripts/ubr001.exe
Zip Code & Country	*	#_	003000	158199
Title				,
Name (Last, First, Middle, Tit	le)		, , ,	
- OR -	,			
Entity Name to serve as Officer/Director				
Street Address				
City, State			, [
Zip Code & Country				
Title				
Name (Last, First, Middle, Tit	le)	,	,	
- OR -	,			
Entity Name to serve as Officer/Director				
Street Address				
City, State			,	
Zip Code & Country				
Title				
Name (Last, First, Middle, Tit	le)	,	, ,	
- OR -				
Entity Name to serve as Officer/Director				
Street Address				
City, State			2	
Zip Code & Country				

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature Wattlew R. albach

This signature must be that of the individual "signing" this document electronically or be