

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 018 ***150.00

DOCUMENT # P03000078347

1. Entity Name
FABULOUS FINDINGS, INC.



Principal Place of Business

~~13980 A VIA FLORA
DELRAY BEACH, FL 33484~~

**2900 W. SAMPLE RD.
PORTLAND BEACH, FL 33073**

Mailing Address

~~13980 A VIA FLORA
DELRAY BEACH, FL 33484~~

**9193 PECKY CYPRESS LN
BOCA RATON, FL 33428**



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2676380

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GEFEN, LINDA
9193 PECKY CYPRESS LN
BOCA RATON, FL 33428**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PST
GEFEN, LINDA
9193 PECKY CYPRESS
BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

4/21/08

Date

954 975-5710

Daytime Phone #