2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000089737

1. Entity Name FELBIN ENTERPRISES, INC.



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068 Mailing Address

8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068



DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-0173726 Not Applicable

6. Name and Address of Current Registered Agent

FELLER, JOSEPH N 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068

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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.	TURE ' Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when rainstating) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				U00000755604 05/22/07-80107-018 150.00
10. OFFICERS AND DIRECT		TORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FELLER, JOSEPH N 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE				1		

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:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

4/30/07

954 726 9078

Daytime Phone #