

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109797

Entity Name: F.F. CORPORATION

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

481 SW PEACH STREET
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

481 SW PEACH STREET
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

481 SW PEACH STREET
PORT ST. LUCIE, FL 34983

New Mailing Address:

481 SW PEACH STREET
PORT ST. LUCIE, FL 34983 US

FEI Number: 20-0298501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIA, FAUSTO L
425 GRAND CLUB PLACE APT 425A BOX 61
FT PIERCE, FL 349828121 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARIA, FAUSTO L
Address: 481 SW PEACH STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: FARIA, LUCIANO L
Address: 481 SW PEACH STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: ALVES, AMAURY S
Address: 5508 NW EAST TORINO PKWY., APT. 301
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAUSTO L FARIA

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04/24/2006

Electronic Signature of Signing Officer or Director

Date