

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90551 047 ***150.00

DOCUMENT # P03000144724

1. Entity Name
FUTON SOLUTION, INC.



Principal Place of Business
615 WEST 77 ST.
HIALEAH, FL 33014

Mailing Address
615 WEST 77 ST.
HIALEAH, FL 33014

2. Principal Place of Business
8511 NW South River Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004

Chg-P

CR2E034 (10/03)

City & State
Medley FL

City & State

4. FEI Number
20-0456100

Applied For
Not Applicable

Zip
33166

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

JUAREZ, ADELA S
615 WEST 77 ST.
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name
Magaly AHMAD
Street Address (P.O. Box Number is Not Acceptable)
10820 SW 200 DR #320
City
Miami FL Zip Code
33157

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

Signature, print or printed name of registered agent and the filer (Note: Registered Agent's print name required when filing)

(NOTE: Registered Agent's print name required when filing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PD
JUAREZ, ADELA S
615 WEST 77 ST.
HIALEAH, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AHMAD, MAGALY
10820 SW 200 DR. #320
MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #