## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2007 8:00 am Secretary of State

DO011						_			•		
DOCUMENT # P04000057117  1. Entity Name FUTURE MOVING CORP								03-26-20	007 90051	009 ***	150.00
Principal Place of Business Mailing Address							1 .	00002			
617 SW 5 CT			617 SW 5 CT			60028892					
HALLANDALE, FL 33009 US HALLANDALE, FL 33009 U					S						
							ENDONOMINA	BORN BIRK BORN BORN BO	EN WOLDS BRILLIAND		<b>  173</b>
Principal Place of Business - No P.O. Box # 3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01122007	Chg-P	CR2E03	4 (12/06)		
City & State			City & State			4. FEI Numbe	er		T Ap	plied For	
							20-0963611 Not Applicable				
Zip	Zip Country		Zip Co		Coun	try	5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name	and Address of Curren	t Registered Age	ent			7. Name and	Address of New I			
					-	Name					
ORTIZ, JORGE L 617 SW 5 CT						Street Address (P.O. Box Number is Not Acceptable)			· · · · · · · · · · · · · · · · · · ·		
HALLANDALE, FL 33009							<u> </u>		_		
						City				Zip Code	
The above named entity submits this statement for the purpose of changing its registered or						1			FL	'	
the obligat	e named entity tions of regist	y submits this statement : ered agent.	for the purpose o	t changing its	register	ed office or registe	ered agent, or bot	h, in the State of H	lorida. I am ia	miliar with,	and accept
	_										
SIGNATURE.	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOT)	E: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.											
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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 supplimental 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 for 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

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