MAR 29 2005

2005 FOR PROFIT CORPORA ANNUAL REPORT

1/27/2005-90073-001-$450.00-$150.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000116357

1. Entity Name
F AND J INVESTMENT & MANAGEMENT INC.

Principal Place of Business
812 SEA SAGE DR
DELRAY BEACH, FL 33483 PB

Mailing Address
812 SEA SAGE DR
DELRAY BEACH, FL 33483 US

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2589 N State Rd 7		2589 N State Rd 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lauderhill, FL		City & State: Lauderhill, FL	
Zip: 33313	Country: USA	Zip: 33313	Country: USA

4. FEI Number: 20-1485311 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILIPPOUSSI, JACQUELINE
812 SEA SAGE DR
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILIPPOUSSI, JACQUELINE 812 SEASAGE DR DELRAY BEACH, FL 33483 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Fabian Philippoussi 812 Seasage Dr, Delray Bch., FL 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Jacqueline Philippoussi 1/21/05 (954) 485-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #