

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 024 ***150.00

DOCUMENT # P04000140294 1. Entity Name FOAM DESIGNS INC.					
Principal Place of Business 4421 SW 71 AVENUE MIAMI, FL 33155			Mailing Address 4421 SW 71 AVENUE MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & St.			City & St.		
Zip		Country		Zip	
Country		Country		4. FIC Number 61-1477783	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, RODOLFO 2840 SW 76 AVENUE MIAMI, FL 33155				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:					
(NOTE: Registered Agent may be an individual who resides in the State of Florida)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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: PD ☐ Delete NAME: GONZALEZ, RODOLFO STREET ADDRESS: 2840 SW 76 AVENUE CITY-ST-ZIP: MIAMI, FL 33155			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
TITLE: VD ☒ Delete NAME: MORIYON, MILKO STREET ADDRESS: 2840 SW 76 AVENUE CITY-ST-ZIP: MIAMI, FL 33155			TITLE: VP-D ☐ Change ☒ Addition NAME: Rodolfo Isaac Gonzalez STREET ADDRESS: 4421 SW 71 AVENUE CITY-ST-ZIP: MIAMI, FL 33155		
TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		
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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 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 not empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Business Phone #					