

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 006 ***158.75

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1. Entity Name

FORESIGHT INVESTMENT CORPORATION



Principal Place of Business

1765 NW 185TH TERR
OPA LOCKA FL 33056

Mailing Address

1765 NW 185TH TERR
OPA LOCKA FL 33056

2. Principal Place of Business

17830 N. E. 5th Avenue

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

North Miami Beach, Florida

City & State

4. FEI Number

54-2168518

☒ Applied For

☐ Not Applicable

Zip

33162

Country

Dade

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, MELISSA J
1765 NW 185TH TERR
OPA LOCKA FL 33056**

7. Name and Address of New Registered Agent

Name

Melissa J. Lewis

Street Address (P.O. Box Number is Not Acceptable)

17830 N. E. 5th Avenue

City

North Miami Beach,

FL

Zip-Code

33162

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Melissa J. Lewis**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

April 22, 2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MELISSA J	
STREET ADDRESS	1765 NW 185TH TERR	
CITY-ST-ZIP	OPA LOCKA FL 33056	

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HALL, ORELOUS JR	
STREET ADDRESS	8652 SOUTHAMPTON DR	
CITY-ST-ZIP	MIRAMAR FL 33025	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOUIS SAINT, JEAN M	
STREET ADDRESS	1040 NE 169TH TERR	
CITY-ST-ZIP	N MIAMI FL 33162	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO, Chairwoman and Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silena D. Lewis	
STREET ADDRESS	3120 N. W. 205 Terrace	
CITY-ST-ZIP	Miami, Florida 33056	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa J. Lewis	
STREET ADDRESS	1765 N. W. 185th Terrace	
CITY-ST-ZIP	Miami, Florida 33056	

TITLE	Secretary and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monica I. Lewis	
STREET ADDRESS	1765 N. W. 185th Terrace	
CITY-ST-ZIP	Miami, Florida 33056	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy J. Lewis	
STREET ADDRESS	8652 Southampton Drive	
CITY-ST-ZIP	Miramar, Florida 33025	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like information.

SIGNATURE: **Melissa J. Lewis**

April 22, 2006 (305) 249-8653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #