

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90454 015 ***150.00

DOCUMENT # P05000038567

1. Entity Name
FOCUS ALTERNATIVE SOLUTIONS, INC.



Principal Place of Business
**5872 NORTHEAST 17TH ROAD
FT LAUDERDALE, FL 3334**

Mailing Address
**POST OFFICE BOX 5838
LIGHTHOUSE POINT, FL 33074**

60031762



2. Principal Place of Business

**976 Coral Club Dr
Coral Springs
FL**

3. Mailing Address

Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

FEI Number
37-1513612

Applied For
Not Applicable

Zip
33071

Country
Broward

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, CAROLYN
5872 NORTHEAST 17TH ROAD
FT LAUDERDALE, FL 3334**

7. Name and Address of New Registered Agent

Name
Carolyn Moore
Street Address (P.O. Box Number is Not Acceptable)
**976 Coral Club Dr
Coral Springs FL 33074**

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 **Carolyn Moore**

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

Carolyn Moore

(NOTE: Registered Agent Signature required when reinstating)

3-26-06

DATE

**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

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	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Carolyn Moore
CITY - ST - ZIP	976 Coral Club Dr Coral Springs, FL 33071
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	
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 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 like empowered.

SIGNATURE: **Carolyn Moore / Carolyn Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-06

DATE

**954
494-6240**

DAYTIME PHONE #