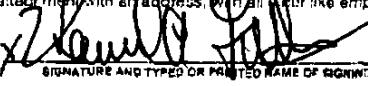


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F&M CPA

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90464 028 ***150.00

DOCUMENT # P05000139243					
1. Entity Name FUTTERMAN ENTERPRISES, INC.					
Principal Place of Business 1200 BRICKELL AVE SUITE 950 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVE SUITE 950 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 13651 BISCAYNE BLVD			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State N. MIAMI BEACH FL			City & State		
Zip 33181		Country MIAMI - DADE		Zip	
				Country	
4. FEI Number 20-3622055				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUFMAN, DANA M 1200 BRICKELL AVE SUITE 950 MIAMI, FL 33131			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 signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$160.00 After May 1, 2007 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	D FUTTERMAN, HOWARD 4700 SHERIDAN ST BLDG N HOLLYWOOD, FL 33021 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUTTERMAN, HOWARD 4779 COLLINS AVENUE # 950L MIAMI BEACH FL 33140 ☒ 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	
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	
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 exemptions contained in Chapter 118, 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 officer-like empowered.					
SIGNATURE: 			HOWARD FUTTERMAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/15/07 305 776 5624		