

2008 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 036 ***150.00

DOCUMENT # P06000042105

1. Entity Name

FENG SHUI CULTURAL CENTRE, INC.



Principal Place of Business

86 MIRACLE MILE
CORAL GABLES FL 33134

Mailing Address

86 MIRACLE MILE
CORAL GABLES FL 33134

2. Principal Place of Business - No P.O. Box #

2150 CORAL WAY

3. Mailing Address

P.O. BOX 347135

Suite, Apt. #, etc.

3A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

CORAL GABLES FL

Zip

33145

Country

USA

Zip

33234

Country

USA

4. FEI Number

20-4600793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

ALVAREZ, MATILDE M
86 MIRACLE MILE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name MATILDE ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
2150 CORAL WAY STE 3A

City MIAMI

FL

Zip Code 33145

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

1/18/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 D ☐ Delete
NAME ALVAREZ, MATILDE M
STREET ADDRESS 13821 SW 71 LN
CITY-ST-ZIP MIAMI FL 33183

TITLE D ☐ Delete
NAME ALVAREZ, JUAN M
STREET ADDRESS 13821 SW 71 LN
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

1/18/08

305.385.3001