# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000079263**

1. Entity Name
F.P.S. INVESTMENTS, CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 2070 NW 99 TER<br>PEMBROKE PINE, FL 33024 | 1241 NE 112 ST<br>#6E<br>MIAMI, FL 33161 |

## DO NOT WRITE IN THIS SPACE

05162008　　No Chg-P　　CR2E034 (11/05)

| 4. FEI Number<br>02-0782013 | Applied For |
|---|---|
| | Not Applicable |

5. Certificate of Status Desired ☐ 　$8.75 Additional Fee Required

### 6. Name and Address of Current Registered Agent

ADAMS, JOSNY
1241 NE 112 ST
#6E
MIAMI, FL 33161

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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

**FILE NOW!!! FEE IS $550.00**
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ 　**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | ADAMS, MARIE CARMEL D |
| STREET ADDRESS | 1241 NE 112 ST #6E |
| CITY-ST-ZIP | MIAMI, FL 33161 |
| TITLE | VP |
| NAME | JOSNY, ADAM |
| STREET ADDRESS | 1241 NE 112 ST # 6 E |
| CITY-ST-ZIP | MIAMI, FL 33161 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 like empowered.

SIGNATURE: _____ Josny Adam 　5/15/08　 (305) 893-7090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #