2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

DOCUMENT # P06000083160 1. Enlity Name FAR FAMILY INC.						, -	90030 020 ***15	0.00
Principal Place 2123 SAXON DELTONA, FL	BLVD	Mailing Address 2123 SAXON BLVD DELTONA, FL 32725	1	,		. .	4010) 12406 11101 11010 01115 00	 10
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03052008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number 20-516624	4 0		oplied For ot Applicable
Zip ·	Country	Zip	Count	try	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require	ditional d
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	dress of New Re	gistered Agent	
HOQUE, A	MDADUL			Narne	·			
970 GRÖVE HAMLET WAY A				Street Address (P.O. Box Number is Not Acceptable)				
DELAND, FL 32720				City			□ Zip Cod	
				O.,	FL Zip Code			
8. The above the obligat	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registere	ed office or regist	ered agent, or both, ir	the State of Flor	ida. I am familiar with,	and accept
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered	d Agent signature requi	red when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaig Trust Fund Contr	_	· · · · · · · · · · · · · · · · · · ·	5.00 May Be Ided to Fees			
10.	OFFICERS AND) DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TIFLE	P	Delete	MLE	:			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HOQUE, AMDADUL 970 GROVE HAMLET WAY # A DELAND, FL 32720	ı		ET ADDRESS				
TITLE								
	l VP	□ Delete		-ST-ZIP		 	Change	Addition
NAME	VP SIDDIQUE, FARZIN	☐ Delete	TITLE	:	,		☐ Change	Addition
	''	☐ Delete	TITLE	:			☐ Change	☐ Addition
NAME	SIDDIQUE, FARZIN	☐ Delete	TITLE NAME STREE	E			☐ Change	☐ Addition
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irruicated 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 officer or 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:

A MOADUL HOQUE

03~10~08

386-532-7700