2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 8:00 am Secretary of State

ANNOAL ILLONI				l	Secretary or State			
DOCUMENT # P06000093462 1. Entity Name FARLEYS MANAGEMENT SERVICES, INC.						00032 001 ***15	60.00	
Principal Plac	e of Business	Mailing Address		— ี 4บ	ეჭჭეას			
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2201 S.W. 5 UNIT 221	/ AVENUE	2201 S.W. 57 AVENUE						
	PARK, FL 33023 US	UNIT 221 PEMBROKE PARK, FL 330	023 US					
) LINDROIL I	Min, 16 33023 03	FEIRIDHUNE FANK, FL 330	023 03		11)		11881 ILE 18 61	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite Apt. # etc.		n ST						
Unit	- 221	Suite, Apt. #, etc.		03122007	Chg-P	CR2E034 (12/06)		
Penb	rolle PANK, FC	City & State	PL	4. FEI Number 20-5	<i>G</i> ///n T	- + · ·	oplied For ot Applicable	
3307		77023	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Re	gistered Agent		
CARNEY, FARLEY E JR 1500 S.E. 15 STREET #115			Name					
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE, FL 33316								
,			City	 -		Zip Cod		
						FL		
8. The above the obligat	named entity submits this statement for toons of registered agent.	he purpose of changing its reg	gistered office or reg	istered agent, or bo	th, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE_								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature req								
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Re	gistered Agent signature rec	quired when reinstating)		DATE		
	Signature, typed or printed name of registered agent and	d title if applicable (NOTE: Re	gistered Agent signature rec	quired when reinstating)	-	DATE	_	
	E NOW!!! FEE.IS'\$150.00	9. Election Campaign	Financing	\$5.00 May Be		DATE		
	1.1	9. Election Campaign	Financing		-	DATE		
	E NOW!!! FEE.IS'\$150.00	9. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be Added to Fees	CHANGES TO OFFICE		S IN 11	
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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: _

FAMEYE CAMEY, JR

Pros.

3-13-07

954-964-480

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