

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108755

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** FAMILIAR FACES, INC.

**Current Principal Place of Business:**

3383 DOVECOTE MEADOW LANE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3383 DOVECOTE MEADOW LANE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 26-4061184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BILLANTE, RACHEL  
3383 DOVECOTE MEADOW LANE  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: BILLANTE, RACHEL  
Address: 3383 DOVECOTE MEADOW LANE  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL BILLANTE

PRES

04/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date