


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000084629</b>	
1. Entity Name <b>FERRER, INC.</b>	

Principal Place of Business <b>554 NW 46 COURT FT. LAUDERDALE, FL 33309 US</b>	Mailing Address <b>4551 NW 60 LANE COCONUT CREEK, FL 33073</b>
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0469341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FERRER, FRANK  
4551 NW 60 LANE  
COCONUT CREEK, FL 33073**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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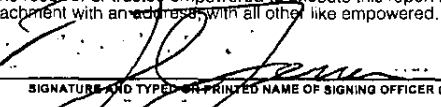
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER, FRANK 4551 NW 60 LANE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRER, ED 2661 NW 18TH TERR LIGHTHOUSE POINT, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRER, MAGDA 4551 NW 50 LANE COCONUT CREEK, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/10/08-80114-004 150.00

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:**  **3-25-08** **934425-8116**

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