

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90303 016 ***150.00

DOCUMENT # P94000021471

1. Entity Name

FEMA VENTURES, INC.



Principal Place of Business

500 SR 436
SUITE 2024
CASSELBERRY FL 32707
US

Mailing Address

500 SR 436
SUITE 2024
CASSELBERRY FL 32707
US



2. Principal Place of Business

2070 HWY 44 WEST
Suite, Apt. #, etc.

3. Mailing Address

2070 HWY 44 WEST
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

INVERNESS, FL

City & State

INVERNESS, FL

4. FEI Number

59-3230191

Applied For

Not Applicable

Zip

34453

Country

USA

Zip

34453

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABRKHANI, ROBERT
500 E SEMORAN BLVD #2H
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name KARIN GORMAN

Street Address (P.O. Box Number is Not Acceptable)

2070 HWY 44 WEST

City

INVERNESS

FL

Zip Code

34453

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CACDAC, MANUEL A
STREET ADDRESS 500 E. SEMORAN BLVD., #2H
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☐ Delete
NAME CACDAC, FE J
STREET ADDRESS 500 E. SEMORAN BLVD., #2H
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FECAC done
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #