2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 05, 2007 08:00 AM DOCUMENT # P95000039968 **Secretary of State** FUTON & ART EXPRESSIONS, INC. Principal Place of Business Mailing Address 7870 WILES RD CORAL SPRINGS FL 33065 7870 WILES RD CORAL SPRINGS FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0583831 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, MARC Street Address (P.O. Box Number is Not Acceptable) 7870 WILES RD CORAL SPRINGS FL 33065 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** TILLE Delete TITLE Addition Change ZITO, ALPHONSE A NAMI' NAME U000000655807 7870 WILES RD STREET ADDRESS STREET ADDRESS 03/13/07-80120-024 150.00 CORAL SPRINGS FL 33065 CITY+S1-7IP CITY-ST-ZIP D Addition ☐ Deleie THIE Change ZITO, ALPHONSE A NAME 7870 WILES RD STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-7IP CHY-ST-ZIP HILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP THLE Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE Defete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP

if changed, or on an attachment with a standfess, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

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 eath; that I am an officer or director of the corporation or the receiver or proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11