

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90552 028 ***150.00

DOCUMENT # P96000029004

1. Entity Name
FUTURE SHAPES, INC.



Principal Place of Business
**2332 NE 20 ST
FORT LAUDERDALE, FL 33305**

Mailing Address
**2332 NE 20 ST
FORT LAUDERDALE, FL 33305**

14015173



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0716774

Applied For
Not Applicable

5. Certificate of Status Desired. ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOUSTON, BART A
100 NE THIRD AVENUE STE 850
FORT LAUDERDALE, FL 33301**

**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 _____

*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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BRICHE, BROOKE 2332 NORTHEAST 20TH STREET FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD BRICHE, MICHAEL 2332 NE 20 ST FORT LAUDERDALE, FL 33305
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] *[Signature]* *[Signature]*