2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068355

MIFSUD, MARIE-CLAUDE

POMPANO BEACH, FL 33062

2780 NE 16 ST

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA FOUNDATION SYSTEMS, INC

FILED Jan 22, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
2780 NE 1 POMPANO	6 ST D BEACH, FL	. 33062					
Current Mailing Address:				New Mailing Address:			
2780 NE 1 POMPANO	6 ST D BEACH, FL	33062					
FEI Number:	: 65-0692382	FEIN	umber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current	Registered Agent:	Name and	Address o	of New Registered Agent:	
2780 NE 1 POMPANO The above	D BEACH, FL		US this statement for the p	urpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATU							
OIOIVATOI		onic Sign	ature of Registered Age	nt		 Date	
Election Car	npaign Financi	ng Trust I	Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (MIFSUD, JAC 2780 NE 16 S POMPANO B	T	33062	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VS (MIFSUD, GIS 2780 NE 16 S POMPANO BI	T	33062	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VT (MIFSUD, PIE 2780 NE 16 S POMPANO B	T	33062	Title: Name: Address: City-St-Zip:	VP MIFSUD, P 2780 NE 16 POMPANO		
Title:	Т () Delete		Title:	S	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MIFSUD, MARIE-CLAUDE

POMPANO BEACH, FL 33062

2780 NE 16 ST

SIGNATURE: MARIE-CLAUDE MIFSUD S 01/22/2008