

**2608-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000057580

1. Entity Name
FINDEISS ENTERPRISES, INC.



Principal Place of Business
**2824 NE 27 ST
FORT LAUDERDALE, FL 33306 US**

Mailing Address
**14201 W SUNRISE BLVD
STE 201
SUNRISE, FL 33323 US**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0778505

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FINDEISS, J. CLIFFORD
2824 NE 27 ST
FORT LAUDERDALE, FL 33306**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	FINDEISS, J C
STREET ADDRESS	2824 NE 27 ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80036-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/14/08
Date Daytime Phone #