

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059323

**FILED**  
**Jun 30, 2010**  
**Secretary of State**

**Entity Name:** FULLER FAMILY PARTNERS, INC.

**Current Principal Place of Business:**

12000 BISCAYNE BLVD.  
SUITE 609  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12000 BISCAYNE BLVD.  
SUITE 609  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

12000 BISCAYNE BLVD.  
SUITE 609  
NORTH MIAMI, FL 33181

**FEI Number:** 65-0768689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULLER, ALLEN D  
12000 BISCAYNE BLVD.  
SUITE 609  
NORTH MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FULLER, ALLEN D  
**Address:** 12000 BISCAYNE BLVD., SUITE 609  
**City-St-Zip:** NORTH MIAMI, FL 33181

**Title:** D  
**Name:** FULLER, LAWRENCE A  
**Address:** 12000 BISCAYNE BLVD # 609  
**City-St-Zip:** N. MIAMI, FL 33181

**Title:** D  
**Name:** FULLER, JOHN P  
**Address:** 12000 BISCAYNE BLVD. #609  
**City-St-Zip:** N. MIAMI, FL 33181

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN P. FULLER

DIR

06/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date