


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90035 018 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P97000108634</b>                         |  |  |
| 1. Entity Name<br><b>FACEPLATES INTERNATIONAL INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>8275 SHADOW WOOD BLVD.<br/>CORAL SPRINGS FL 33071</b> | Mailing Address<br><b>934 N. UNIV. DR<br/>#417<br/>CORAL SPRINGS FL 33071</b> |
|---|---|

|  |                           |
|--|---------------------------|
| 2. Principal Place of Business<br><b>934 N. Univ. Dr</b> | 3. Mailing Address        |
| Suite, Apt. #, etc.<br><b># 417</b>                      | Suite, Apt. #, etc.       |
| City & State<br><b>Coral Springs</b>                     | City & State              |
| Zip<br><b>33071</b>                                      | Country<br><b>Broward</b> |



1st MOORE CR2E034 (10/04)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0802896</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>ABRAMS, HERBERT<br/>8275 SHADOWWOOD BLVD<br/>CORAL SPRINGS FL 33071</b> | 7. Name and Address of New Registered Agent<br>Name <b>Herbert Abrams</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>934 N. UNIVERSITY Drive</b><br><b># 417</b><br>City <b>Coral Springs FL</b> Zip Code <b>33071</b> |
|---|---|

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 *Herbert Abrams* DATE 3/7/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>ABRAMS, CAROLYN <input type="checkbox"/> Delete<br>8275 SHADOWWOOD BOULEVARD<br>CORAL SPRINGS FL 33071 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PSTD<br>Carolyn Abrams <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>934 N. UNIV. DR. #417<br>Coral Springs FL 33071 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ABRAMS, HERBERT <input type="checkbox"/> Delete<br>8275 SHADOWWOOD BOULEVARD<br>CORAL SPRINGS FL 33071   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Herbert Abrams <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>934 N. UNIV. DR. #417<br>Coral Springs FL 33071   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Herbert Abrams* **Herbert Abrams** 3/7/05 **954-718-5550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #