

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90421 037 ***150.00

DOCUMENT # P97000108634

1. Entity Name
FACEPLATES INTERNATIONAL INC.



Principal Place of Business

934 N UNIVERSITY DR
#417
CORAL SPRINGS, FL 33071

Mailing Address

934 N. UNIV. DR
#417
CORAL SPRINGS, FL 33071

2. Principal Place of Business

843 Cypress Parkway
Suite, Apt. #, etc.
361

3. Mailing Address

843 Cypress Parkway
Suite, Apt. #, etc.
361

01222006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0802896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, HERBERT
934 N UNIVERSITY DR
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name **Herbert Abrams**

Street Address (P.O. Box Number is Not Acceptable)

136 Sorrento Road

City **Kissimmee** **FL** Zip Code **34759**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **ABRAMS, CAROLYN**
STREET ADDRESS **934 N UNIV DR #417**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VD** ☐ Delete
NAME **ABRAMS, HERBERT**
STREET ADDRESS **934 N UNIVERSITY DR #417**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Carolyn Abrams**
STREET ADDRESS **136 Sorrento Road**
CITY-ST-ZIP **Kissimmee, FL 34759**

TITLE **VD** ☐ Change ☐ Addition
NAME **Herbert Abrams**
STREET ADDRESS **136 Sorrento Road**
CITY-ST-ZIP **Kissimmee FL 34759**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Herbert Abrams**

Date **4/17/06**

DayTime Phone # **352 427 2311**