2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

DOCUMENT # P98000023361 1. Entity Name FOIX ENTERPRISES OF BREVARD, INC.						04-19-2007	7 90188 009 ***	150.00
Principal Place of	of Business	Mailing Address	<u>,</u>		1.			
770 MUNICH STREET NW Palm Bay, Fl 32907 US		770 MUNICH STREET NW Palm Bay, Fl 32907 US					N Bens Hars (Kab (Ki)s ska	118 1881 (1 228)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142007	Chg-P	CR2E034 (12/06	5)
City & State		City & State		4. FEI Number 59-3497	966	├+ -	Applied For Not Applicable	
Zìp	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New R	egistered Agent	
FOIX, RAMON A				Name				
770 MUNICH STREET NW PALM BAY, FL 32907			Stree	Street Address (P.O. Box Number is Not Acceptable)				
			City			***************************************	Zio C	oda
-					FL Zip Code			
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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be			
			ADDITION.		led to Fees			
10.	OFFICERS AND		11.		<u></u> _	HANGES TO OFFI	ICERS AND DIRECTO	DRS IN 11
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12. I nevery defuny mat the information supplied with this filling does not quality 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 cath; 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

4-17-07

Daytime Phone A