
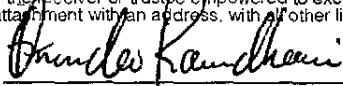


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000083029</b>					
1. Entity Name <b>FUTURE A &amp; D INC.</b>					
Principal Place of Business <b>3530 1ST AVE 4 101 ST. PETERSBURG FL 33713</b>			Mailing Address <b>3530 1ST AVE 4 101 ST. PETERSBURG FL 33713</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3547615</b> <div style="float:right;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAMDHANI, OMARDEO 3052 7TH AVE N ST. PETERSBURG FL 33713</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RAMDHANI, OMAREDEO</b>		NAME		
STREET ADDRESS	<b>59-61- 52ND AVE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>ST PETERSBURG FL 33709</b>		CITY- ST- ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RAMDHANI, MOHANE</b>		NAME		
STREET ADDRESS	<b>59-61- 52ND AVE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>ST PETERSBURG FL 33709</b>		CITY- ST- ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ISIDORE, THAIS</b>		NAME		
STREET ADDRESS	<b>1600 34TH STREET SOUTH</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>ST. PETERSBURG FL 33711</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>Omardeo Ramdhani</b>				727-796-1399	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/04)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

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TITLE **P** ☐ Delete  
NAME **RAMDHANI, OMAREDEO**  
STREET ADDRESS **59-61- 52ND AVE**  
CITY- ST- ZIP **ST PETERSBURG FL 33709**

TITLE **S** ☐ Delete  
NAME **RAMDHANI, MOHANE**  
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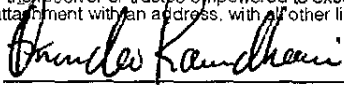
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NAME **ISIDORE, THAIS**  
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SIGNATURE:  **Omardeo Ramdhani** 727-796-1399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR