

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90023 017 ***150.00

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DOCUMENT # P99000060129					
1. Entity Name FAYBAR HOLDINGS, INC.					
Principal Place of Business 9350 W BAY HARBOR DRIVE NO. 5A BAY HARBOR ISLANDS, FL 33154			Mailing Address 9350 W BAY HARBOR DRIVE NO. 5A BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business		3. Mailing Address 8920 S.W. 105th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, Florida		4. FEI Number 65-0935247	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33176	USA	33176	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
M & W AGENTS INC 2101 CORPORATE BLVD STE 107 BOCA RATON, FL 33154			Name Richard Zinn		
			Street Address (P.O. Box Number is Not Acceptable) 8920 S.W. 105th Street		
			City Miami		
			State FL		
			Zip Code 33176		
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		Richard Zinn		DATE 3/7/05	
<small>Signature of officer or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZINN, FAY		NAME		
STREET ADDRESS	9350 W BAY HARBOR DR # 5A		STREET ADDRESS		
CITY - ST - ZIP	BAY HARBOR ISLANDS, FL 33154		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		
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)(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:			3/7/05 305-477-0016		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		