

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000075729**

1. Entity Name  
FX COMPUTER PEOPLE, INC.



Principal Place of Business  
1314 E. LAS OLAS BLVD., #47  
FORT LAUDERDALE, FL 33301

Mailing Address  
PO BOX 9785  
FORT LAUDERDALE, FL 33310



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0942578

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BAIDEN, ANA  
350 SW 18 AVE.  
FORT LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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 this if applicable

(NOTE: Registered Agent signature required when re-appointing)

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**

000000545903  
05/11/06-80096-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAIDEN, ANA
STREET ADDRESS	350 SW 18 AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (954) 776-0479  
Date Daytime Phone #