

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90121 017 ***150.00

DOCUMENT # P99000092548

1. Entity Name
FUTURE A & D NO 2 INC



Principal Place of Business
**3900 34 STREET SOUTH
ST PETERSBURG, FL 33711**

Mailing Address
**3900 34 STREET SOUTH
ST PETERSBURG, FL 33711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01192006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3602665

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMDHANI, OMARDEO
59-61 52 AVE NORTH
ST PETERSBURG, FL 33709**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RAMDHANI, OMARDEO**
STREET ADDRESS **5961 52ND AVE NO**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE **P** ☒ Change ☐ Addition
NAME **RAMDHANI OMARDEO**
STREET ADDRESS **2537 ROYHANNA DR SO**
CITY-ST-ZIP **Saint Petersburg FL 33712**

TITLE **VP** ☐ Delete
NAME **RAMDHANI, MOHANE**
STREET ADDRESS **5961 52ND AVE NO**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE **VP** ☒ Change ☐ Addition
NAME **RAMDHANI MOHANE**
STREET ADDRESS **2537 ROYHANNA DR SO**
CITY-ST-ZIP **St. Petersburg FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Mohane Ramdhani MOHANE RAMDHANI 1-19-06 27417-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #