

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90072 045 ***150.00

DOCUMENT # V24093

1. Entity Name
E.J. FAUX, INC.



Principal Place of Business
**3011 YAMATO RD
A15
BOCA RATON, FL 33434 US**

Mailing Address
**3011 YAMATO RD
A15
BOCA RATON, FL 33434 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0330647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STILLMAN, JOANNE M
23186 L'ERMITAGE CIRCLE
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name **Same Agent - Just new address below**
Street Address (P.O. Box Number is Not Acceptable)

**7880 La Mirada Drive
City Boca Raton FL Zip Code 33433**

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 *Joanne Stillman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STILLMAN, JOANNE M**
STREET ADDRESS **23186 L'ERMITAGE CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **T** ☐ Delete
NAME **STILLMAN, JOANNE M**
STREET ADDRESS **23186 L'ERMITAGE CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/V** ☒ Change ☐ Addition
NAME **Stillman, Joanne**
STREET ADDRESS **7880 La Mirada Drive**
CITY-ST-ZIP **Boca Raton FL 33433**

TITLE **T/S** ☒ Change ☐ Addition
NAME **Stillman, Joanne**
STREET ADDRESS **7880 La Mirada Drive**
CITY-ST-ZIP **Boca Raton FL 33433**

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

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

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

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:

Joanne Stillman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-994-5586