

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V31032

1. Entity Name  
FUTURE FIBRES, INC.



Principal Place of Business  
7837 N.W. 72 AVE.  
MIAMI, FL 33166

Mailing Address  
7837 N.W. 72 AVE.  
MIAMI, FL 33166



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0325946

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COE, DIANNE  
10850 S W 170TH TERRACE  
MIAMI, FL 33157

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME TOMADIN, ALEJANDRO  
STREET ADDRESS 7837 NW 72 AVE  
CITY - ST - ZIP MIAMI, FL 33166

TITLE T  
NAME CRUZALEGUI, CESAR  
STREET ADDRESS 7837 NW 72 AVE  
CITY - ST - ZIP MIAMI, FL 33166

TITLE  
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STREET ADDRESS  
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000000297187  
04/11/05-80017-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/05 305-889-8520  
Date Daytime Phone #