

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90298 015 ***150.00

DOCUMENT # P97000108634

1. Entity Name
FACEPLATES INTERNATIONAL INC.



Principal Place of Business
**4575 N.UNIVERSITY DRIVE
 LAUDERHILL FL 33351**

Mailing Address
**4575 N.UNIVERSITY DRIVE
 LAUDERHILL FL 33351**

24001000



MOORE CR2E034 (11/03)

2. Principal Place of Business
8275 Shadowwood Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
934 N. Univ. Dr #417
 Suite, Apt. #, etc.

City & State
Coral Springs FL
 Zip
33071
 Country
Broward

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Coral Springs FL
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4. FEI Number **65-0802896**
 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

**ABRAMS, HERBERT
 8275 SHADOWWOOD BLVD
 CORAL SPRINGS FL 33071**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABRAMS, CAROLYN 8275 SHADOWWOOD BOULEVARD CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABRAMS, HERBERY 8275 SHADOWWOOD BOULEVARD CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Herbert Abrams - VP - Herbert Abrams Date: 4/29/04 Daytime Phone #: 954-752-8568