


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 018 ***150.00

DOCUMENT # P97000108634

1. Entity Name
FACEPLATES INTERNATIONAL INC.



Principal Place of Business
**8275 SHADOW WOOD BLVD.
 CORAL SPRINGS FL 33071**

Mailing Address
**934 N. UNIV. DR
 #417
 CORAL SPRINGS FL 33071**

2. Principal Place of Business
934 N. Univ. Dr

3. Mailing Address

Suite, Apt. #, etc.
417

Suite, Apt. #, etc.

City & State
Coral Springs

City & State

Zip
33071

Country
Florida

Zip

Country



1st MOORE CR2E034 (10/04)

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

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

7. Name and Address of New Registered Agent

Name **Herbert Abrams**

Street Address (P.O. Box Number is Not Acceptable)
934 N. UNIVERSITY DRIVE

417

City **Coral Springs FL** Zip Code **33071**

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 *Herbert Abrams* DATE **3/7/05**

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
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Carolyn Abrams 934 N. UNIV. DR. #417 Coral Springs FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Herbert Abrams 934 N. UNIV. DR. #417 Coral Springs FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **Herbert Abrams** DATE: **3/7/05** PHONE: **954-718-5550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #