


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 OCT 28 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038322  
1. Entity Name  
**AMERICAN FANS CORP. INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7225 NW 25 STREET**  
Suite, Apt. #, etc.  
**# 300**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

Zip  
**33122**

Country  
**DADE**

Zip

Country

4. FEI Number  
**65-1141890**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

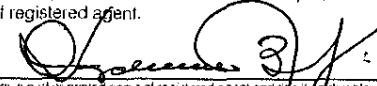
Name  
**CESAR NEUCA MIRANDA**

Street Address (P.O. Box Number is Not Acceptable)  
**7225 NW 25 STREET**

**# 300**

City **MIAMI** FL Zip Code **33122**

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 

(NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
**P.D.  
DA ROBERTO, BARBOSA  
910 NE 209 TERRACE #103  
N. MIAMI BEACH FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100024422171  
11/04/03-01063-016 \*\*300-00**

TITLE  
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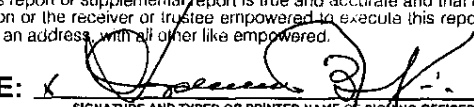
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #


CR2E034B (12/02)

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **AMERICAN FANS CORP, INC**

Thank you for your courtesy in this matter.

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**RAQUEL A. FRACASCIO**  
**PRESIDENT**  
Barbosa Dasobento