


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90037 029 ***150.00

DOCUMENT # P01000050157

1. Entity Name
FARELI, CORP.



40070622

Principal Place of Business
**2225 SW 90 AVENUE
 MIAMI, FL 33165**

Mailing Address
**4160 WEST 16 AVE #210
 HIALEAH, FL 33012**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
2225 SW 90 Avenue
 Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33165

Country
USA



04112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**ARTURO F. HERNANDEZ & ASSOC.
 4160 WEST 16TH AVENUE, STE 210
 HIALEAH, FL 33012**

7. Name and Address of New Registered Agent
 Name **Overall & Associates Inc**
 Street Address (P.O. Box Number is Not Acceptable)
6854 W FLAGLER STREET
 City **MIAMI** FL Zip Code **33144**

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, 2008 Fee will be \$550.00

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	DPT LIZAMA, JOSE A 2225 SW 90 AVENUE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: x *[Signature]* **04/11/08** **(307) 591-7266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #