FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90042 028 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000106083

1. Entity Name
F.A.R.O., INC.

04302007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
10843 ROYAL PALM BLVD UNIT 3 CORAL SPRINGS, FL 33065	10843 ROYAL PALM BLVD UNIT 3 CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10843 Royal Palm Blvd.	10843 Royal Palm Blvd.
Suite, Apt. #, etc.: 8	Suite, Apt. #, etc.: 8
City & State: Coral Springs Florida	City & State: Coral Spring Florida
Zip: 33065 Country: Broward.	Zip: 33065 Country: Broward

4. FEI Number: 20-3246364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLIS, RAQUEL
10843 ROYAL PALM BLVD
UNIT 3
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: Raquel Solis
Street Address (P.O. Box Number is Not Acceptable): 10843 Royal Palm Blvd.
unit 8
City: Coral Spring FL Zip Code: 33065

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] DATE: 4/30/07

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, 2007 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	P	☐ Delete	TITLE	President	☑ Change ☐ Addition
NAME	SOLIS, RAQUEL		NAME		
STREET ADDRESS	10843 ROYAL PALM BLVD #3		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	vice president	☑ Change ☐ Addition
NAME	SOLIS, FERNANDO		NAME		
STREET ADDRESS	10843 ROYAL PALM BLVD #3		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/30/07

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