


FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 022 ***150.00

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

DOCUMENT # P06000130720 1. Entity Name FADAR CORPORATION	
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40103329

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5317 NW 113 PL Suite, Apt. #, etc.	3. Mailing Address 5317 NW 113 PL Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33178 Country USA	Zip 33178 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0516635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	MARIA D. MOLINA
Street Address (P.O. Box Number is Not Acceptable)	5317 NW 113 PL
City	MIAMI FL Zip Code 33178

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 _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA D. MOLINA 5317 NW 113 PL MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIO MOLINA 5317 NW 113 PL MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *M. Molina* 04/23/08 786-200-8749

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

CR2E0348 (12/02)