

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000066637

Entity Name: FANTASY COVE REALTY CORP.

FILED
Aug 18, 2008
Secretary of State

Current Principal Place of Business:

1680 MICHIGAN AVE.
PH-5
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1680 MICHIGAN AVE.
PH-5
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0947741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMBERG, SEAN
2820 LAKE AVE.
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPO, CATHERINE
Address: 6680 SW 96TH ST.
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: SPEKTOR, JONATHAN
Address: 1853 JEFFERSON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: CAPO, CATHERINE
Address: 6680 SW 96TH ST.
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: CAPO, ALEJANDRO
Address: 2820 LAKE AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO CAPO

PD

08/18/2008

Electronic Signature of Signing Officer or Director

Date