


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000069933
 1. Entity Name
SILVANA FACCHINI GALLERY, INC.



Principal Place of Business MS. SILVANA FACCHINI 1929 NW 1ST AVENUE MIAMI, FL 33136	Mailing Address 1929 NW 1ST AVENUE MIAMI, FL 33136
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01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0939012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORETTA FABRICANT CPA PA
 100 SE 2ND STREET
 3910
 MIAMI, FL 33131

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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 reappointing) _____ DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FACCHINI, SILVANA 1929 NW 1ST AVE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FACCHINI, ISABELLA 1929 NW 1ST AVE MIAMI, FL 33136
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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: *Silvana Facchini*