


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90232 047 ***150.00

DOCUMENT # P99000109832					
1. Entity Name FATIN, INC.					
Principal Place of Business 1992 EAST 4TH AVENUE HIALEAH, FL 33010		Mailing Address 1992 EAST 4TH AVENUE HIALEAH, FL 33010 <i>C/O Lopez Acctg.</i>			
2. Principal Place of Business		7. Mailing Address <i>1800 W. 49 St</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>201</i>			
City & State		City & State <i>Hialeah, FL</i>		4. FEI Number 65-0968905	
Zip		Country <i>USA</i>		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSTAFA, YOUSEF 15150 NW 89TH COURT MIAMI, FL 33018			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUSTAFA, YOUSEF		NAME		
STREET ADDRESS	15150 NW 89TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33018		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DWAIKAT, AHMAD		NAME		
STREET ADDRESS	15907 KINGS MOOR WAY		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: <i>Yousef Mustafa</i>		YOUSEF MUSTAFA, Pres.		Date: <i>4/30/06</i> Daytime Phone #: <i>805/836-3118</i>	