
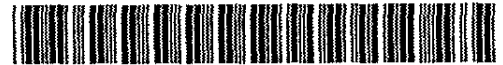


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000082193</b> 1. Entity Name <b>3 F CORPORATION</b>	
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Principal Place of Business <b>10770 NW 66 STREET 507 MIAMI, FL 33178</b>	Mailing Address <b>10770 NW 66 STREET 507 MIAMI, FL 33178</b>
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01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1056833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CRUZ, FREDDY M 10770 NW 66 STREET #507 MIAMI, FL 33178</b>
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IN THIS SPACE**

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 restate) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	P MOGNA CRUZ, FREDDY 10770 NW 66 STREET #507 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUPRANI DE MOGNA, FERNANDA 10770 NW 66 STREET #507 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOGNA SUPRANI, FERNANDO 10770 NW 66 STREET #507 MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/12/07-80003-014 150.00

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IN THIS SPACE**

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:** *Freddy Mogna Cruz* **FREDDY MOGNA CRUZ** Jan 9, 2007 786-845-8634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #