

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2008 90019 040 ***150.00

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DOCUMENT # P07000048892 1. Entity Name 160 FDS, INC.					
Principal Place of Business 8332 NW 30TH TERR. MIAMI, FL 33122				Mailing Address 8332 NW 30TH TERR. MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 10850 NW 21ST STREET Suite, Apt. #, etc. UNIT 160 City & State MIAMI, FL Zip 33172		3. Mailing Address 10850 NW 21ST STREET Suite, Apt. #, etc. UNIT 160 City & State MIAMI, FL Zip 33172		03012008 Chg-P CR2E034 (12/06)	
Country USA		Country USA		4. FEI Number 01-0894204	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DI SAVERIO, FABRIZIO 8332 NW 30TH TERR. MIAMI, FL 33122				7. Name and Address of New Registered Agent Name DI SAVERIO, FABRIZIO Street Address (P.O. Box Number is Not Acceptable) 10850 NW 21ST STREET UNIT 160 City MIAMI FL Zip Code 33172	
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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when relocating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI SAVERIO, FABRIZIO 10850 N.W. 21 STREET UNIT 160 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI SAVERIO, MARINA 10850 N.W. 21 STREET UNIT 160 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: X <i>[Signature]</i>			DI SAVERIO, FABRIZIO, PRES 3/1/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		