

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350006

FILED
Jan 07, 2009
Secretary of State

Entity Name: FAUSTO'S FOOD PALACE, INC.

Current Principal Place of Business:

522 FLEMING STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

522 FLEMING STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-1270432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES F WEEKLEY
519 ELIZABETH STREET
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEEKLEY, JAMES F,
Address: 519 ELIZABETH ST
City-St-Zip: KEY WEST, FL

Title: SD () Delete
Name: WEEKLEY, ALTON L
Address: 3709 PEARLMAN TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WEEKLEY, ANA L
Address: 517 ELIZABETH ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WEEKLEY, SUSAN
Address: 519 ELIZABETH ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEEKLEY, JAMES F
Address: 519 ELIZABETH ST
City-St-Zip: KEY WEST, FL 33040

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

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

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

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: ALTON L. WEEKLEY

SD

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date