


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # 369891
 1. Entity Name
FANZA CORPORATION



Principal Place of Business Mailing Address
5250 S.W. 80TH STREET **5250 S.W. 80TH STREET**
MIAMI, FL 33143 **MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1303369	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

TEST, SANDRA L
8900 SW 117 AVENUE
STE B-105
MIAMI, FL 33186

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FANDINO, ANGELA Z 5250 S.W.80TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FANDINO, SUZETTE M 5250 S.W.80TH STREET MIAMI, FL 33143
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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: *S. Fandino* 01/07/08 (305) 661-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #