

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 457449

1. Entity Name
FURATENA INVESTMENTS INC.



Principal Place of Business
**C/O KENNETH M. LANCASTER
50 W. MASHTA DR. STE 6
KEY BISCAYNE, FL 33149**

Mailing Address
**C/O KENNETH M. LANCASTER
50 W. MASHTA DR. STE 6
KEY BISCAYNE, FL 33149**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2441317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANCASTER, KENNETH M.
50 W MASHTA DR #6
KEY BISCAYNE, FL 33149**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD BOTTA,FRANCO 50 W. MASHTA DR., STE. 6 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOTTA, ALFREDO 50 W MASHTA DR STE 6 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOTTA,MARIA FERNANDA DE 50 W. MASHTA DR., STE. 6 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000633481
02/21/07-80064-010 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

(305) 361-1014

Daytime Phone #