

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90525 047 \*\*\*158.75

**DOCUMENT # 495922**

1. Entity Name  
FAMA, INC.



Principal Place of Business  
5578 W. FLAGLER ST.  
MIAMI, FL 33134 US

Mailing Address  
P.O. BOX 655354  
MIAMI, FL 33265-5354 US

**50045754**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-1744113

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISRAEL D. SLAPAK  
5576 W FLAGLER ST  
MIAMI, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 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 PD ☐ Delete  
NAME ROBERT NOVIGROD  
STREET ADDRESS 5576 W FLAGLER ST  
CITY-ST-ZIP MIAMI, FL 33134

TITLE **SD** ☒ Change ☐ Addition  
NAME **Robert Novigrod**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME SZLAPAK, FRIDA  
STREET ADDRESS 5576 W FLAGLER ST  
CITY-ST-ZIP MIAMI, FL 33134

TITLE **PD** ☒ Change ☐ Addition  
NAME **Frida Szlapak**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME ISRAEL D. SZLAPAK  
STREET ADDRESS 5576 W FLAGLER ST  
CITY-ST-ZIP MIAMI, FL 33134

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Israel D. Szlapak**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Israel D. Szlapak (ISRAEL D. SZLAPAK)

4/07/05

(305) 220-9597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If