

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 616271

1. Entity Name
FEDAN CORP.



Principal Place of Business

**2280 WEST 1ST AVE
HIALEAH, FL 33010**

Mailing Address

**2280 WEST 1ST AVE
HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2ED34 (11/05)

4. FEI Number
59-1899483

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**SANCHEZ, FELIX
1480 WEST 5TH COURT
HIALEAH, FL 33010**

**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 relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
SANCHEZ, FELIX
1480 WEST 5TH COURT
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SANCHEZ, MIREYA
1480 WEST 5TH COURT
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SANCHEZ, FELIX J.
556 W 45TH PLACE
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000450065
03/04/06 80077-022 150.00

**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

Date **2/23/06** Daytime Phone #