

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90405 011 ***150.00

DOCUMENT # L61565

1. Entity Name
FERNIN INTERNATIONAL CORPORATION



Principal Place of Business
**8209 NW 199 ST.
MIAMI, FL 33015 US**

Mailing Address
**8209 NW 199 ST.
8209 NW 199TH ST.
MIAMI, FL 33015 US**

2. Principal Place of Business
2115 NW 160th TERRACE
Suite, Apt. #, etc.

3. Mailing Address
2115 NW 160th TERRACE
Suite, Apt. #, etc.



02102006 Chg-P CR2E034 (11/05)

City & State
PEMBROKE PINES, FL
Zip
33028
Country
BROWARD

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Zip
33028
Country
BROWARD

4. FEI Number
65-0195266

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NINO, ADRIANO
8209 NW 199TH ST.
MIAMI, FL 33015**

7. Name and Address of New Registered Agent

Name **ADRIANO NINO**

Street Address (P.O. Box Number is Not Acceptable)
2115 NW 160th TERRACE

City **PEMBROKE PINES FL** Zip Code **33028**

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

(NOTE: Registered Agent signature required when reinstating)

4-25-06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **NINO, ADRIANO**
STREET ADDRESS **8209 NW 199TH ST.**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **VP** ☒ Delete
NAME **NINO, TANIA**
STREET ADDRESS **8209 NW 199TH ST**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **DORA PATRICIA NINO**
STREET ADDRESS **2115 NW 160th TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

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

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

TITLE ☐ Change ☐ Addition
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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 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: *Adriano Nino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 **954-438-2728**
Date Daytime Phone #