


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90102 002 \*\*\*150.00

<b>DOCUMENT # L69731</b> 1. Entity Name <b>FAMECO INCORPORATED</b>					
Principal Place of Business <b>2 SOUTH BISCAYNE BLVD. #3400 MIAMI, FL 33131</b>			Mailing Address <b>2 SOUTH BISCAYNE BLVD. #3400 MIAMI, FL 33131</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0192953</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD., SUITE 3400 ONE BISCAYNE TOWER MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>GY Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 S. Biscayne Blvd., Suite 3400</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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 <u>Mark J. Scheer, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMIREZ, JUAN B SAN RAMON ALAJUELA, COSTA RICA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAMIREZ, GERARDO LA URUCA, SAN JOSE, COSTA RICA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAMIREZ, MARIANO CIUDAD CARARI HEREDIA, COSTA RICA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMIREZ, OSCAR ROHRMOSER, SAN JOSE, COSTA RICA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMIREZ, MIGUEL ROHRMOSER ALAJUELA, COSTA RICA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <u>JUAN RAMIREZ SCLER</u> <u>4/24/06</u> <b>305-376-4181</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					