

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M15903 1. Entity Name FAME INTERNATIONAL, INC.	
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Principal Place of Business 12100 S.W. 112TH AVE. MIAMI, FL 33176	Mailing Address 12100 S.W. 112TH AVE. MIAMI, FL 33176
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 59-2711045	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ANTONI, GREGORY
12100 SW 112TH AVE
MIAMI, FL 33176**

**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, 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	P ANTONI, GREGORY 12100 SW 112TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTONI, GREGORY R. 12100 SW 112TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTONI, GREGORY 12100 SW 112TH AVE MIAMI, FL 33176
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02/24/06-80018-005 158.75

**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

Daytime Phone #

02-10-06