


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90080 036 ***158.75

DOCUMENT # M22935	
1. Entity Name FERACO CORPORATION	

Principal Place of Business 815 PONCE DE LEON BLVD SUITE 306 CORAL GABLES, FL 33134	Mailing Address C/O ERNESTO SANCHEZ, P.A. 815 PONCE DE LEON BLVD #306 CORAL GABLES, FL 33134
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2. Principal Place of Business Carlos A. Donoso.	3. Mailing Address C/O Carlos A. Donoso
Suite, Apt. #, etc. 4300 NW 107th Ave.	Suite, Apt. #, etc. 4300 NW 107th Ave.
City & State Apt. 208, Doral, FL	City & State Apt. 208, Doral, FL
Zip 33178	Country USA



03102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent SANCHEZ, ERNESTO 815 PONCE DE LEON BLVD. SUITE 306 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Carlos A. Donoso. Street Address (P.O. Box Number is Not Acceptable) 4300 NW 107th Avenue. Apt. 208, Doral, FL. City FL Zip Code 33178	

4. FEI Number 65-0113973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 **X (C. Donoso)** DATE **3/20/06**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FEBRES CORDERO, AGUSTIN 6039 COLLINS AVE. #1505 MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS FEBRES CORDER, JULIETA K 6039 COLLINS AVE. #1505 MIAMI BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 officer-like empowered.

SIGNATURE: **[Signature]** DATE **03/20/06** (305) 793-1955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR