

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/24

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-24-2007 90043 030 ***150.00

DOCUMENT # M55288	
1. Entity Name F B & A ADVERTISING, INC.	



Principal Place of Business 6361 SUNSET DR. S. MIAMI, FL 33143 US 6990 S.W. 73 CT. MIAMI, FL 33143	Mailing Address 6361 SUNSET DR. S. MIAMI, FL 33143 US 6990 S.W. 73 CT. MIAMI, FL 33143
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2824410	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

SUITE 2B BIRD, INC.
6262 BIRD RD,
SUITE 2B
MIAMI, FL 33155

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 FERNANDEZ, JOSE L. 6361 SUNSET DR. 6990 S.W. 73 CT. SOUTH MIAMI, FL 33143 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 2/16/07 305-663-5854
Daytime Phone