


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M77399 1. Entity Name FAUSTO'S INVESTMENT, CORP.	
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Principal Place of Business 1105 WHITE ST KEY WEST, FL 33040 US	Mailing Address 1105 WHITE ST KEY WEST, FL 33040 US
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01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0055216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKLEY, ALTON L
 517 ELIZABETH ST.
 KEY WEST, FL 33040

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

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	DPC WEEKLEY, ALTON 517 ELIZABETH ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKLEY, JAMES F 519 ELIZABETH ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEEKLEY, CARL W JR 1615 MEADOW BROOK ST LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/07-80043-016-150.00

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: Alton L. Weekley 1/17/07 (305) 294-5221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #