

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # M81276

F. Entity Name
FERNANDA ENTERPRISE CORPORATION, INC.



Principal Place of Business

3425 COLLINS AVE.
C-1
MIAMI BEACH, FL 33140 US

Mailing Address

3200 COLLINS AVE
APT 121
MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0058118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEALMEIDA, JESSICA F
3200 COLLINS AVE.
APT. 121
MIAMI BEACH, FL 33140

**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 reissuing)

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 D
NAME FREYRE, LUCIA FERNANDA
STREET ADDRESS 3425 COLLINS AVE
CITY-ST-ZIP MIAMI, FL

TITLE PST
NAME FREYE, LUCIA FERNANDA
STREET ADDRESS 3425 COLLINS AVE
CITY-ST-ZIP MIAMI, FL

TITLE VP
NAME DE ALMEIDA, MAURICIO GIL
STREET ADDRESS 3425 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000390566
01/24/06-80004-005 150.00

**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

1-13-06

Date

Daytime Phone #

305520094