

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3 Apr 21, 2008 8:00 am
Secretary of State

03-28-2008 90028 049 ***138.75
04-21-2008 90062 002 ****11.25

DOCUMENT # M81276			
1. 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	
2. Principal Place of Business - No P.O. Box # 3425 COLLINS AVE.		3. Mailing Address 3200 COLLINS AVE	
Suite, Apt. #, etc. C-1		Suite, Apt. #, etc. APT 121	
City & State MIAMI BEACH FL		City & State M. BEACH. F.L.	
Zip 33140	Country USA	Zip 33140.	Country USA
6. Name and Address of Current Registered Agent DEALMEIDA, JESSICA F 3200 COLLINS AVE. APT. 121 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Jessica Dealmeida</i> DATE 4-18-08 (NOTE: Registered Agent's signature required when registering.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREYRE, LUCIA FERNANDA 3425 COLLINS AVE MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FREYRE, LUCIA FERNANDA 3425 COLLINS AVE MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE ALMEIDA, MAURICIO GIL 3425 COLLINS AVENUE MIAMI BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <i>Fernanda</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/24/08 Telephone # 905530037	

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03112008 Chg-P CR2E034 (12/06)

4. FBI Number 65-0058118 Applied For Not Applicable

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