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May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90390 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2001

DOCUMENT # P00000001464

1. Corporation Name

FANY CORP.

Principal Place of Business

Mailing Address

12941 SW 117 ST  
MIAMI, FLORIDA  
33186

12941 SW 117 ST  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-5-2000

A0068286

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-0971710

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMILIO CASTELLANOS  
12941 SW 117 ST  
MIAMI, FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PR. EMILIO CASTELLANOS  
NAME EMILIO CASTELLANOS  
STREET ADDRESS 12941 SW 117 ST.  
TY-ST-ZIP MIAMI, FL 33186

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

TY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

TY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

TY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

TY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

TY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/01 305-649-5669