

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000001464

1. Entity Name
FANY CORP.



Principal Place of Business
12941 SW 117 ST
MIAMI, FL 33186

Mailing Address
12941 SW 117 ST
MIAMI, FL 33186



02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0971710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTELLANOS, EMELINO
12941 S 177 ST
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstating)

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 P
NAME CASTELLANOS, EMELINO
STREET ADDRESS 12941 SW 117TH ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE D
NAME ARLEEN, GAMAZO
STREET ADDRESS 6231 SW 151 PLACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE D
NAME LEONIDES, CASTELLANOS
STREET ADDRESS 6231 SW 151 PLACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE D
NAME SELSO, GAMAZO
STREET ADDRESS 6231 SW 151 PLACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001436064
02/27/06-80023-002 158.75

**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

2-7-06

Date

Daytime Phone # _____