


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000001464</b> 1. Entity Name FANY CORP.	
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Principal Place of Business 12941 SW 117 ST MIAMI, FL 33186	Mailing Address 12941 SW 117 ST MIAMI, FL 33186
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04072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0971710	Applied For Not Applicable
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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**

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

**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	P CASTELLANOS, EMELINO 12941 SW 117TH ST MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLEEN, GAMAZO 6231 SW 151 PLACE MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONIDES, CASTELLANOS 6231 SW 151 PLACE MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELSE, GAMAZO 6231 SW 151 PLACE MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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04/26/07-80086-024 150.00

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 305-388-509  
Date Daytime Phone #