

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
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



03072008 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

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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 reappointing)

DATE

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

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

U000000851943
03/26/08-80008-020 150.00

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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

3-7-08 305 388 500

Date

Daytime Phone #