

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 16, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P00000051106**

1. Entity Name  
**FONTEN, INC.**



Principal Place of Business  
**6955 NW 77TH AVENUE  
203  
MIAMI, FL 33166-2845**

Mailing Address  
**6955 NW 77TH AVENUE  
203  
MIAMI, FL 33166-2845**



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1025085</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SANCHEZ-GALARRAGA, JORGE  
1313 PONCE DE LEON BLVD, STE 301  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000116771  
04/16/04-80078-014 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RAMOS-ACOSTA, MARCELO  
STREET ADDRESS 6955 NW 77TH AVE #203  
CITY-ST-ZIP MIAMI, FL 331662845

TITLE VP  
NAME RODRIGUEZ, ANTONIO  
STREET ADDRESS 6955 NW 77TH AVENUE #203  
CITY-ST-ZIP MIAMI, FL 331662845

TITLE SD  
NAME FRAU, TERESA M  
STREET ADDRESS 6955 NW 77TH AVENUE #203  
CITY-ST-ZIP MIAMI, FL 331662845

TITLE T  
NAME VASQUEZ, OLGA  
STREET ADDRESS 6955 NW 77TH AVENUE #203  
CITY-ST-ZIP MIAMI, FL 331662845

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 my address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-14-04**

DATE

**305-888-5913**

DAYTIME PHONE #