

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1025085	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 initiating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PO RAMOS ACOSTA, MARCELO 6955 NW 77TH AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, ANTONIO 6955 NW 77TH AVENUE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO FRAU, TERESA M 6955 NW 77TH AVENUE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VASQUEZ, OLGA 6955 NW 77TH AVENUE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80061-003 150.00

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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

04-05-06

Date

Daytime Phone #