


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000111365		
1. Entity Name FINETEST INC.		

Principal Place of Business 1440 KENNEDY CAUSEWAY SUITE 429 NORTH BAY VILLAGE, FL 33141	Mailing Address 1440 KENNEDY CAUSEWAY SUITE 429 NORTH BAY VILLAGE, FL 33141
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DO NOT WRITE IN THIS SPACE

03112006 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3121908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMAQUI, MOISE N
1440 KENNEDY CAUSEWAY
SUITE 429
NORTH BAY VILLAGE, FL 33141

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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 _____ DATE _____

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

**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	P HAMAQUI, MOISE N 1440 KENNEDY CAUSEWAY, SUITE 429 NORTH BAY VILLAGE, FL 33141
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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: *X Moise Hamaqui* Date: *March 28, 06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/11/06: JFW: cl