


**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

|  |   |
|--|---|
| <b>DOCUMENT # P00000111365</b>         |  |
| 1. Entity Name<br><b>FINETEST INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>4545 N JEFFERSON AVENUE<br/>MIAMI BEACH, FL 33140</b> | Mailing Address<br><b>4545 N. JEFFERSON AVENUE<br/>MIAMI BEACH, FL 33140</b> |
|---|--|



04082008 No Chg-P CR2E034 (1/1/05)

**DO NOT WRITE IN THIS SPACE**

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

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>HAMAQUI, MOISE N<br/>4545 N JEFFERSON AVENUE<br/>MIAMI BEACH, FL 33140</b> |
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8. This 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 (NONE) Registered Agent signature required when re-registering

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>U00000900186<br/>04/29/08-80018-010 150.00</b> |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>P<br/>HAMAQUI, MOISE N<br/>4545 N JEFFERSON AVENUE<br/>MIAMI BEACH, FL 33140</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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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 empowerments.

SIGNATURE: Moise Hamaoui **MOISE N HAMAQUI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #