2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P00000111490 1. Entity Name FANTASIA, INC.								Mar 11, 2004 08:00 AM Secretary of State						
Principal Plac	e of Business		Mailin	g Address										
1940 NE 194TH ST N 1940 NE 194TH ST N														
MIAMI BEA	CH FL 33179		MIAN	N BEACH FL 331	179		-							
2. Principal P	Yace of Businer	3. Mai	3. Mailing Address											
Suite, Apt.	#, etc.	Sust	Suite, Apt. #, etc.					мос	RE -	CR2E03	4 (11/0	03)		
City & Stat	te	City	City & State				4. F	El Number 65	-106746	3			olied For Applicable	
Ζίρ		Country	Zip	Zip		Country		5. C	ertificate of Stat	us Desired		\$8.7	5 Addi equired	tional
	6. Name a	Current Registere	t Registered Agent				7. N	ame and Addre	ss of New F	legistered		equir co		
					•	Name								
ALTMAN, STUART H 100 SE 2ND ST, 17TH FLOOR MIAMI FL 33131						Street Addr	ress (P	.O. Bo	ox Number is No	ot Acceptabl	9)			
1 1411		J1												
						City					F	L Zi	p Code	•
			ement for the purp	ose of changing it	s register	ed affice or re	gistere	ed age	ent, or both, in th	e State of FI	orida. Lar	n temilia	r with, e	and accept
ine obliga	tions of register	eo agent.												
SIGNATURE	Signature, typed or	printed name of registe	ered agent and title if app	vicable. (NO	TE. Registere	d Agent signature r	equired v	when rea	nstating)		DATE			
F	ILE NOW!!!	FEE IS \$150	.00											
After May 1, 2004 Fee will be \$550.00								ŀ	9. Election (Trust Fun	Campaign Fi d Contributio			\$5.00 Added	May Be to Fees
	k Payable to	Florida Depart						150	STEEL ST	À=0 + Ä 0=	20520	10 0 00°	04055	35) 44
10.	P	OFFICE	RS AND DIRECTO	Delete	11.			AUL	DITIONS/CHAN	GES TO OFF	1CEHS AT			Addition
NAME	CHEN, CARMEN			NAF					5	നെനനന	מינייני <i>ו</i>		_	_
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STREET ADDRESS CITY+ST-ZIP					- 4	EET ADDRESS Y-ST-ZIP								
L	certify that the	information supp	offed with this filling	does not qualify f			in Sec	ction 1	19.07(3)(i), Flor	ida Statutes.	I further o	ertify tha	at the in	formation
indicated of the co	d on this report reporation or the	or supplemental receiver or trus	report is true and tee empowered to	does not qualify f accurate and that execute this repo ner like empowere	my signa rt as requ	ature shall have ired by Chapte	e the s er 607,	ame k , Florid	egal effect as it la Statutes; and	made under that my nan	oath, that ne appear	I am an s in Bioc	officer k 10 or	or director Block 11 if
changed	i, or on an attac	coment with an	coress, with all of	nerrike empowere	Q,						. ,			

FILED

March 8, 2004