

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90009 043 ***150.00

DOCUMENT # P00000111490

1. Entity Name

FANTASIA, INC.



Principal Place of Business

1940 NE 194TH ST N
MIAMI BEACH FL 33179

Mailing Address

1940 NE 194TH ST N
MIAMI BEACH FL 33179



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

65-1067468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, STUART H
100 SE 2ND ST, 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHEN, CARMEN**
STREET ADDRESS **1940 NE 194 STREET**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **VP** ☐ Delete
NAME **CHEN, LAM SANG**
STREET ADDRESS **1940 NE 194 STREET**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

ATTACHMENT

20051158

Fantasia, Inc.
1824 Harrison Street
Hollywood, Florida

July 11, 2006

Florida Dept. of State
Division of Corporations
P O Box 6327
Tallahassee, Florida

Re: P00000111490

Ms. Sue M. Cobb:

This is to acknowledge receipt of Notice of intent to Dissolve. Please be informed that I did not receive the First Notice that you sent out in the month of January 2006. When I received this notice of Intent To Dissolve I called our registered agent Mr. Stuart M. Altman who said that he mailed to us the filing forms on April 11, 2006. We did not receive these forms perhaps due to the differences in the various addresses involved.

Enclosed please find our filing fee of \$150 with a copy of the form that is required for the year 2006.

Thank you for your prompt attention to this matter.



Lam Sang Chen
Director
Fantasia, Inc.