2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

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1. Entity Name

FINE ASSET MANAGEMENT CORPORATION



Principal Place of Business

9010 SW 117TH STREET MIAMI, FL 33176

Mailing Address

9010 SW 117TH STREET MIAMI, FL 33176



04272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1074092

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

DO NOT WRITE 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 reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D FINE, JEFFREY M 9010 SW 117TH STREET MIAMI, FL 33176							
NAME STREET ADDRESS CITY-ST-ZIP	D FINE, LINDA ELLEN 9010 SW 117TH STREET MIAMI, FL 33176				000000741429 05/15/07-80028-020 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY- ST-ZIP			,					

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DI YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

(305) 794-9480

Daylime Phone #