

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044071

FILED  
Jul 19, 2006  
Secretary of State

Entity Name: FAMANVI, INC.

**Current Principal Place of Business:**

1851-3 CARALEE BLVD  
#3  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 617047  
ORLANDO, FL 32861 US

**New Mailing Address:**

FEI Number: 59-3716436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERRERA, FABIO  
1851-3 CARALEE BLVD  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERRERA, FABIO  
Address: 1851-3 CARALEE BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete  
Name: VILLARREAL, MANUEL  
Address: 1851-3 CARALEE BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: S ( ) Delete  
Name: GUERRERO, ADRIANA  
Address: 1831 SOUTH SEMORAN BLVD. APT C  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIO HERRERA

P

07/19/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date