


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 043 ***550.00

DOCUMENT # P01000050157					
1. Entity Name FARELI, CORP.					
Principal Place of Business 2225 SW 90 AVENUE MIAMI, FL 33165			Mailing Address 2225 SW 90 AVENUE MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4160 West 16 Ave # 210			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hialeah, Florida		4. FEI Number 65-1114080	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33012		USA			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELO ENTERPRISES 1900 W COMMERCIAL BLVD APT 139 FT LAUDERDALE, FL 33309			Name Arturo F. Hernandez & Assoc. Street Address (P.O. Box Number is Not Acceptable) 4160 West 16th Avenue, Suite 210 City Hialeah		
			FL Zip Code 33012		
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 _____ DATE May 24, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIZAMA, JOSE A		NAME		
STREET ADDRESS	2225 SW 90 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIZAMA, AIDA M		NAME		
STREET ADDRESS	2225 SW 90 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 an other like empowered.					
SIGNATURE: _____			May 24, 2007 (305) 825-0988 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					