2005 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P0100066233 1. Entity Name FANCIL EXCLUSIVE ELEGANCE, INC						05-02-2005 90382 004 ***150.00					
Principal Place of Business Mailing Address						1					
600 NE 72ND TERR MIAMI, FL 33138			600 NE 72ND TERR MIAMI, FL 33138								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03172005	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Number 65-1118	472		No	plied For t Applicable	
Zip	ip Country		Zip	Country		5. Certificate of	Status Desired		8.75 Add		
6. Name and Address of Current Re			tered Agent	gent			7. Name and Address of New Registered Agent				
MCBEAN, MARGARITA					Nams						
					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
					City		<u> </u>	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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICER				ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	SIN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCBEAN, MARGARITA 19395 S.W. 123RD AVENI MIAMI, FL 33177	JE	☐ Oelete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCBEAN, NICOLE R 19395 S.W. 123RD AVENI MIAMI, FL 33177	JE	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		,	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				-		Change	Addition	
indicated	certify that the information suppl on this report or supplemental reporation or the receiver or truste	eport is true a	and accurate and that m	ıy signa	ture shall have the	same legal effect a	is if made under o	ath; that I an	n an officer	or director	

SIGNATURE: