

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90003 007 \*\*\*150.00

**DOCUMENT # P01000066233**

1. Entity Name  
**FANCIL EXCLUSIVE ELEGANCE, INC**



Principal Place of Business  
**600 NE 72ND TERR  
MIAMI, FL 33138**

Mailing Address  
**600 NE 72ND TERR  
MIAMI, FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-1118472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCBEAN, MARGARITA  
19395 SW 123RD AVENUE  
MIAMI, FL 33177**

7. Name and Address of New Registered Agent

Name **Mc Bean Margarita**  
Street Address (P.O. Box Number is Not Acceptable)  
**1492 N.W. 27th**  
**Miami FL 33142**  
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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCBEAN, MARGARITA <del>19395 S.W. 123RD AVENUE-</del> <del>MIAMI, FL 33177-</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCBEAN, NICOLE R <del>19395 S.W. 123RD AVENUE</del> <del>MIAMI, FL 33177-</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mc Bean Margarita 1492 N.W. 27th Miami FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mc Bean Nicole 1492 N.W. 27th Miami FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/06  
Date

Daytime Phone #