

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90038 017 ***150.00

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1. Entity Name
FRUTY FANTASY, INC.



Principal Place of Business
4890 S.W. 74 COURT
MIAMI, FL 33155

Mailing Address
888 BRICKELL KEY DRIVE, 910
MIAMI, FL 33131

50026734



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1118314

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECHENAGUCIA, JORGE
888 BRICKELL KEY DRIVE, #910
MIAMI, FL 33131

Name
Gustavo Zubizarreta JR

Street Address (P.O. Box Number is Not Acceptable)

888 Brickell Key Drive Suite 910

City Miami

FL

Zip Code 33131

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

Gustavo Zubizarreta JR VP

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ZUBIZARRETA, MARLENE A ☐ Delete
STREET ADDRESS 11009 N.W. 43 LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ECHENAGUCIA, JORGE ☒ Delete
STREET ADDRESS 11009 N.W. 43 LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE VP
NAME GUSTAVO ZUBIZARRETA JR ☐ Change ☒ Addition
STREET ADDRESS 888 Brickell Key Drive
CITY-ST-ZIP Miami, FL 33131

TITLE SD
NAME ZUBIZARRETA, GUSTAVO ☐ Delete
STREET ADDRESS 11009 N.W. 43 LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME ZUBIZARRETA, PAULA A ☐ Delete
STREET ADDRESS 11009 N.W. 43 LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gustavo Zubizarreta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P

3/7/05

Date

Daytime Phone #