


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90036 011 \*\*\*150.00

<b>DOCUMENT # P02000023929</b>		
1. Entity Name <b>FONT INTERNATIONAL CORP.</b>		

Principal Place of Business <b>9921 COSTA DEL SOL BLVD. MIAMI, FL 33178</b>	Mailing Address <b>9921 COSTA DEL SOL BLVD. MIAMI, FL 33178</b>
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40097110

2. Principal Place of Business <b>111 SW 5 AVE. Suite, Apt. #, etc. 205 City &amp; State Miami, FL Zip 33130</b>	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country <b>USA</b>
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06092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>52-1496833</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>FONT, JOSE A 9921 COSTA DEL SOL BLVD. MIAMI, FL 33178</b>	
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7. Name and Address of New Registered Agent Name <b>J. A. Font</b> Street Address (P.O. Box Number is Not Acceptable) <b>111 S.W. 5 Avenue, Suite 205</b> City <b>Miami</b> FL Zip Code <b>33130</b>	
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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 <b>J. A. Font</b> DATE <b>6-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS FONT, JOSE A 9921 COSTA DEL SOL BLVD. MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.	
SIGNATURE: <b>J. A. Font</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>6-21-06</b> Daytime Phone # <b>305-326-9060</b>