


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90041 021 \*\*\*150.00

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DOCUMENT # P02000025805			
1. Entity Name FAJIN ENTERPRISES, INC.			
Principal Place of Business 7339 NW 8 STREET MIAMI, FL 33126		Mailing Address 7339 NW 8 STREET MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 19321 W. Oakmont Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		4. FEI Number 75-3036636	
Zip 33015		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAJIN, RAMON A 7339 NW 8 STREET MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: Fajin, Ramon A. Street Address (P.O. Box Number is Not Acceptable) 19321 W. Oakmont Dr. City: Miami FL Zip Code: 33015	
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: <u>RAMON A FAJIN</u> DATE: <u>2/12/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D FAJIN, RAMON A 7339 NW 8 STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fajin, Ramon A. 19321 W. Oakmont Dr. MIAMI, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAJIN, MANUEL J 7339 NW 8 STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 persons empowered.			
SIGNATURE: <u>RAMON A FAJIN</u>		Date: <u>2/12/07</u> Daytime Phone: <u>305-266-3483</u>	