2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90084 024 ***150.00

Principal Place of Business 1606 NE MIAMI GARDENS DRIVE MIAMI GARDENS DRIVE MIAMI GARDENS, FL 33179 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country S. Certificate of Status Desired Fee Required Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code FL	BODY	JMENT # P020000794 FAFE II, INC.	136						
MIAMI GARDENS, FL 33179 MIAMI GARDENS, FL 33179 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name CORAGGIO, MICHAEL 1606 NE MIAMI GARDENS, PL 33179 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 acceptable of the obligations of registered agent, the obligations of registered agent, the obligations of registered agent and the # applicable (NOTE: Registered Agent supmans required when reinstating) FILE NOW/III FEE IS \$150.00 P. Election Campaign Financing \$5.00 May Be	Principal Pla	ce of Business	Mailing Address		7 '		Enno	٠	
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #