2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# P02000103883

Entity Name: FEDE INC.

Current Principal Place of Business:

5161 COLLINS AVE
SUITE 1109
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5161 COLLINS AVE
SUITE 1109
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 61-1426631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGNORSKY, FEDERICO L P
5161 COLLINS AVE
SUITE 1109
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

MAGNORSKY, FEDERICO L P/S
5161 COLLINS AVE
SUITE 1109
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: FEDERICO MAGNORSKY 04/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAGNORSKY, FEDERICO L P
Address: 5161COLLINS AVE SUITE 1109
City-St-Zip: MIAMI BEACH, FL 33140

Title: P (X) Delete
Name: MAGNORSKY, FEDERICO L P
Address: 5161 COLLINS AVE SUITE 1109
City-St-Zip: MIAMI BEACH, FL 33140

Title: P (X) Delete
Name: MAGNORSKY, FEDERICO L P
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City-St-Zip: MIAMI BEACH, FL 33140

Title: P (X) Delete
Name: MAGNORSKY, FEDERICO L P
Address: 5161COLLINS AVE SUITE 1109
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: MAGNORSKY, FEDERICO L P/S
Address: 5161COLLINS AVE SUITE 1109
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEDERICO MAGNORSKY P/S 04/06/2006
Electronic Signature of Signing Officer or Director Date