


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000118066 1. Entity Name FAYADILLE, INC.	
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Principal Place of Business 7710 NW 50TH STREET BLDG. #15 APT. #207 LAUDERHILL, FL 33351	Mailing Address 7710 NW 50TH STREET BLDG. #15 APT. #207 LAUDERHILL, FL 33351
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3732662	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAYAD, JOSE S
7710 NW 50TH STREET BLDG. #15 APT. #207
LAUDERHILL, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000127862
04/26/04-80015-008 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FAYAD, JOSE S 7710 NW 50TH STREET BLDG. #15 APT. #207 LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BORDA, MIREYA E 7710 NW 50TH STREET BLDG. #15 APT. #207 LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04
Date

954 3033554
Daytime Phone #