

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122401

Entity Name: FONSIL CENTER, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

840 SE 8TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1108 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3099356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORS, JORGE L
1108 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE LA FUENTE SILVA, MARIA TERESA
Address: C. ECONOM. G-14 DEPTO. 203, CIUDAD SAT.
City-St-Zip: CP 53100, NACAULPAN, MEXICO,

Title: SD () Delete
Name: SILVA DE LE FUENTE, MARIA TERESA
Address: C. ECONOM. G-14 DEPTO. 203, CIUDAD SAT.
City-St-Zip: CP 53100, NACAULPAN, MEXICO,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARIA TERESA DE LA FUENTE SILVA

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date