

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000030479

1. Entity Name
FAMMAS, CORP.



Principal Place of Business
**3175 NE 184 ST #3102
AVENTURA, FL 33160**

Mailing Address
**3175 NE 184 ST #3102
AVENTURA, FL 33160**

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0603340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE STE 420
MIAMI, FL 33126**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000010478921

04/08/06-80024-009 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **POMPIGNOLI, MAXIMO**
STREET ADDRESS **3175 NE 184 ST #3102**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **D**
NAME **PAPARONI, FABIO**
STREET ADDRESS **3175 NE 184 ST #3102**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **D**
NAME **SPIZUOCO, MICHEL**
STREET ADDRESS **3175 NE 184 ST #3102**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **D**
NAME **SIMONETTI, CAROLINA S**
STREET ADDRESS **3175 NE 184 ST #3102**
CITY-ST-ZIP **AVENTURA, FL 33160**

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 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: **MAXIMO POMPIGNOLI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/06
Date

(954) 584-1370
Daytime Phone #