

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122598

1. Entity Name
FEC MANAGEMENT, INC.



FILED

07 MAY 10 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

123 SE 3RD AVENUE
#352
MIAMI, FL 33131

Mailing Address

123 SE 3RD AVENUE
#352
MIAMI, FL 33131

[Handwritten Signature]



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4506311

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON BROWN ARGIZ & FARRA
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS
TITLE D
NAME FITTIPALDI, EMERSON
STREET ADDRESS 735 CRANDON BLVD., LAKE VILLA II #503
CITY-ST-ZIP KEY BISCAYNE, FL 33149

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400103023354
05/22/07--01035--005 **900.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

Daytime Phone #