2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2007
Secretary of State

DOCUMENT# P03000135836

Entity Name: FAIRIES AND ELVES, CORP.

Current Principal Place of Business:

412 SOUTH DIXIE HWY
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

8833 BISCAYNE BLVD
MIAMI SHORES, FL 33138

Current Mailing Address:

412 SOUTH DIXIE HWY
HALLANDALE BEACH, FL 33009

New Mailing Address:

8833 BISCAYNE BLVD
MIAMI SHORES, FL 33138

FEI Number: 20-0590575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTIAGO, AUGUSTO F
412 SOUTH DIXIE HWY
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

SANTIAGO, AUGUSTO F
8833 BISCAYNE BLVD
MIAMI SHORES, FL 33138 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: MJG 09/03/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: CACHAY, GRACIELA I
Address: 1780 79 ST CSWY # C-212
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: V ( ) Delete
Name: GONZALES, MARIA JOSE
Address: 1780 79 ST CSWY # C-212
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: S ( ) Delete
Name: SANTIAGO, AUGUSTO
Address: 25 SE 2ND AVE SUITE 721
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: CACHAY WELLS, GRACIELA I
Address: 8420 BYRON AVE APT. 1
City-St-Zip: MIAMI BEACH, FL 33141

Title: V (X) Change ( ) Addition
Name: GONZALES, MARIA JOSE
Address: 8420 BYRON AVE APT 1
City-St-Zip: MIAMI BEACH, FL 33141

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 JOSE GONZALES VP 09/03/2007
Electronic Signature of Signing Officer or Director Date