2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Jun 01, 2004 8:00 am
Secretary of State
03-17-2004 90039 043 ***158.75

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MOORE CR2E034 (11/03)

DOCUMENT # P03000136832

1. Entity Name

FEAFE, INC.

Principal Place of Business	Mailing Address
1135 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLANDS FL 33154	1135 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0515225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS HELLMAN & SUAREZ 1135 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLANDS FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, MARTY E 1135 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLANDS FL 33154	☐ Delete	D LAURETTE M. WYNN REVOCABLE LIVING TRUST UAO 11/24/03 AND ANY AMENDMENTS THERETO LAURETTE M. WYNN TRUSTEE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAURETTE WYNN 1135 KANE CONCOURSE 5TH FL. BAY HARBOR ISLANDS FL 33154	☐ Delete	X 1135 KANE CONCOURSE 5TH FLOOR BAY HARBOR ISLANDS, FL 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Marty E Davis MARTY E DAVIS 3/12/04 305-358-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #