


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90087 024 ***150.00

DOCUMENT # P04000005628					
1. Entity Name FLECCY CORPORATION					
Principal Place of Business 765 NW 170 TH TERRACE PEMBROKE PINES, FL 33028			Mailing Address 765 NW 170 TH TERRACE PEMBROKE PINES, FL 33028		
2. Principal Place of Business 17030 NW 10 street		3. Mailing Address 17030 NW 10 street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pine, FL		City & State Pembroke Pine, FL		4. FEI Number 20-0724433	
Zip 33028		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEDERSEN, CAROLY 15751 SHERIDAN STREET 110 FT LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name: <u>Freddy Briceno</u> Street Address (P.O. Box Number is Not Acceptable): <u>17030 NW 10 STREET</u> City: <u>Pembroke Pine</u> FL Zip Code: <u>33028</u>		
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: <u>[Signature]</u> / <u>Freddy Briceno</u> DATE: <u>3/17/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BRICENO, FREDDY STREET ADDRESS 765 NW 170TH TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MESA, LUZ M STREET ADDRESS 765 NW 170TH TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> / <u>Freddy Briceno</u>		DATE: <u>3/17/2006</u>		DAYTIME PHONE #: <u>(954) 701-3186</u>	