


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2008 8:00 am
Secretary of State


07-07-2008 90003 003 ***150.00

DOCUMENT # P04000076351 1. Entity Name FUKINDUSTRIES INC.	
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Principal Place of Business 110 SE FIRST SREET MIAMI, FL 33131	Mailing Address 110 SE FIRST STREET MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

40109653



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2051097	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

ECHEVERRIA, JULIAN
110 SE FIRST STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ECHEVERRIA, JULIAN 110 SE FIRST STREET MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ECHEVERRIA, MONICA 110 SE FIRST STREET MIAMI, FL 33131
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**DO NOT WRITE
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:  4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #