

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90207 005 ***150.00

2006 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #04000088291**

1. Entity Name

FEALISHIA CORPORATION
1095 S. STATE RD 7
HOLLYWOOD FL 33023

Principal Place of Business

Mailing Address

1095 S. STATE RD 7
HOLLYWOOD FL 33023

1095 S. STATE RD 7
HOLLYWOOD
FLORIDA 33023

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

20-1212596

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to (to so.
 (See criteria on back) ☐

FILE NOW!! FEES: \$150.00
AND MAY 1, 2006 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DIRECTOR - PRESIDENT ☐ Delete
DIKEAN KNARIAN
116 WESTBURY E
DIERFIELD FL 33442

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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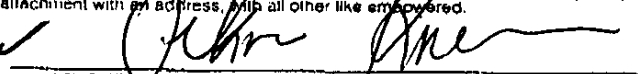
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 11 or Block 12 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

Date

Florida Statute 6

APR 27 2006