

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90042 049 \*\*\*100.00  
02-23-2006 90012 040 \*\*\*\*50.00

**2000 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                  |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P05000015006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                 |                                                                   |
| 1. Entity Name<br><b>F.S. FAMA, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | 2. Principal Place of Business<br><b>7020 RUE GRANVILLE, STE. 308<br/>MIAMI BEACH, FL 33141</b>                                  |                                                                   |
| 3. Mailing Address<br><b>7020 RUE GRANVILLE, STE. 308<br/>MIAMI BEACH, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | 4. FEI Number<br><b>20-2236592</b>                                                                                               |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>FAMA, FABIO S.<br/>7020 RUE GRANVILLE, STE. 308<br/>MIAMI BEACH, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not applicable.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                                  |                                                                   |
| FILE NOW! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May be Added to Fees</b>           |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                     |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PT<br>FAMA, FABIO S.<br>7020 RUE GRANVILLE, STE. 308<br>MIAMI BEACH, FL 33141<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 affidavit with all other like empowered. |                                                                                                                  |                                                                                                                                  |                                                                   |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  | President 1/24/06 (305) 919-0876                                                                                                 |                                                                   |



ATTACHMENT

40016820

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2006

F.S. FAMA, CORP.  
7020 RUE GRANVILLE, STE. 308  
MIAMI BEACH, FL 33141

Subject: F.S. FAMA, CORP.

Reference Number: 705000015006

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report as not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION

MAILING ADDRESS: P.O. BOX 6327 - TALLAHASSEE, FLORIDA 32302-6327  
P.O. BOX 6327 - TALLAHASSEE, FLORIDA 32302-6327