

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 031 ***150.00

DOCUMENT # P05000015006 1. Entity Name F.S. FAMA, CORP.																																			
Principal Place of Business 7020 RUE GRANVILLE, STE. 308 MIAMI BEACH, FL 33141		Mailing Address 7020 RUE GRANVILLE, STE. 308 MIAMI BEACH, FL 33141																																	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																	
Suite, Apt. #, etc. 7135 COLLINS AVENUE apt 1131		Suite, Apt. #, etc. 7135 COLLINS AV apt 1131																																	
City & State Miami Beach		City & State Miami Beach																																	
Zip 33141		Zip 33141																																	
Country		Country																																	
4. FEI Number 20-2236592		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent FAMA, FABIO S. 7020 RUE GRANVILLE, STE. 308 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name Fama, Fabio S. Street Address (P.O. Box Number is Not Acceptable) 7135 COLLINS AVENUE apt 1131 City Miami Beach FL Zip Code 33141																																	
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  President 1/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
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																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">PT FAMA, FABIO S. 7020 RUE GRANVILLE, STE. 308 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FAMA, FABIO S. 7020 RUE GRANVILLE, STE. 308 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">PT Fama, Fabio S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7135 COLLINS AVE apt 1131 MIAMI BEACH FL 33141</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Fama, Fabio S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7135 COLLINS AVE apt 1131 MIAMI BEACH FL 33141														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FAMA, FABIO S. 7020 RUE GRANVILLE, STE. 308 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete																																		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Fama, Fabio S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7135 COLLINS AVE apt 1131 MIAMI BEACH FL 33141																																		
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:  President 1/19/08 305-519-0876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			