

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046019

FILED  
May 01, 2006  
Secretary of State

Entity Name: FARIA SPECIALTY, CORP.

## Current Principal Place of Business:

626 SW 25TH LN  
CAPE CORAL, FL 339140000

## New Principal Place of Business:

2249 CAPE HEATHER CIR  
CAPE CORAL, FL 33991

## Current Mailing Address:

626 SW 25TH LN  
CAPE CORAL, FL 339140000

## New Mailing Address:

2249 CAPE HEATHER CIR  
CAPE CORAL, FL 33991

FEI Number: 20-2576975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BCH FL, FL 33064 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: FARIA, LUCIANO  
Address: 626 SW 25TH LN  
City-St-Zip: CAPE CORAL, FL 339140000

Title: DV ( ) Delete  
Name: FARIA, ANDREIA  
Address: 626 SW 25TH LN  
City-St-Zip: CAPE CORAL, FL 339140000

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: FARIA, LUCIANO  
Address: 22 49 CAPE HEATHER CIR  
City-St-Zip: CAPE CORAL, FL 33991

Title: DV (X) Change ( ) Addition  
Name: FARIA, ANDREIA  
Address: 2249 CAPE HEATHER CIR  
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASF

DV

05/01/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date