## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085639

Entity Name: FYFHOLDINGS CORP.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134				8889 FONTAINEBLEAU BLVD. APT 409 MIAMI, FL 33172 US		
Current Mailing Address:				New Mailing Address:		
Outlent Maining Address.						
2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134				8889 FONTAINEBLEAU BLVD. APT 409 MIAMI, FL 33172 US		
FEI Number: 41-2178042 FEI Number Applied For ( ) FEI Numb				nber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PRATS, GABRIEL SR. 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134 US				FANDINO, CLAUDIA M 8889 FONTAINEBLEAU BLVD. APT 409 MIAMI, FL 33172 US		
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: CLAUDIA MARCELA FANDINO				04/25/2006		
Electronic Signature of Registered Agent Date						Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FANDINO F., CL	E LEON BLVD. STE. 240		Title: Name: Address: City-St-Zip:	FANDINO, CL	NEBLEAU BLVD. APT 409
Title: Name: Address: City-St-Zip:	LOSADA, JUAN	E LEON BLVD. STE. 240		Title: Name: Address: City-St-Zip:	LOSADA, JUA	NEBLEAU BLVD. APT 409
Title: Name: Address: City-St-Zip:	FANDINO F., RO	E LEON BLVD. STE. 240		Title: Name: Address: City-St-Zip:	FANDINO, RO	NEBLEAU BLVD. APT 409
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	FANDINO, JA	NEBLEAU BLVD. APT 409
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	FLOREZ, MIR	NEBLEAU BLVD. APT 409
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	FANDINO, JA	NEBLEAU BLVD. APT 409

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: CLAUDIA MARCELA FANDINO P 04/25/2006