FILED
Mar 29, 2007 8:00 am
Secretary of State

03-15-2007 90026 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000022286

1. Entity Name
FANIA FIVE INC.

66007158

03122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
5440 N. STATE RD. 7 207 FT. LAUDERDALE, FL 33319	5440 N. STATE RD. 7 207 FT. LAUDERDALE, FL 33319

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1814 NE MIAMI GARDENS DRIVE	PO BOX 23683
Suite, Apt. #, etc. 106	Suite, Apt. #, etc.
City & State ~~FORT LAUDERDALE~~	City & State FORT LAUDERDALE
Zip 33179 Country USA	Zip 33307 Country USA

4. FEI Number 204317414 ☐ 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
CASTRO, FANIA 5440 N. STATE RD. 7 207 FT. LAUDERDALE, FL 33319	Name FANIA CASTRO Street Address (P.O. Box Number is Not Acceptable) 1814 NE MIAMI GARDENS DRIVE City N. MIAMI BEACH # 106 FL Zip Code 33179

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 [signature] 3/12/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTRO, FANIA 5440 N. STATE RD 7 SUITE 207 FT. LAUDERDALE, FL 33319 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FANIA CASTRO ☒ Change ☐ Addition 1814 NE MIAMI GARDENS DRIVE # 106 N MIAMI BEACH, FL, 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEELE, CLAUDIA 5440 N. STATE RD 7 SUITE 207 FT. LAUDERDALE, FL 33319 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLAUDIA STEELE ☒ Change ☐ Addition 1814 NE MIAMI GARDEN DRIVE # 106 N MIAMI BEACH, FL, 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #