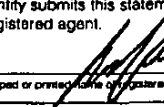
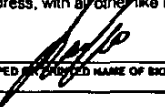


FILED
Mar 29, 2007 8:00 am
Secretary of State

03-15-2007 90026 014 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000022286			
1. Entity Name FANIA FIVE INC.			
Principal Place of Business 5440 N. STATE RD. 7 207 FT. LAUDERDALE, FL 33319		Mailing Address 5440 N. STATE RD. 7 207 FT. LAUDERDALE, FL 33319	
2. Principal Place of Business - No P.O. Box # 1814 NE MIAMI GARDENS DRIVE		3. Mailing Address 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 CASTRO, FANIA 5440 N. STATE RD. 7 207 FT. LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent 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  DATE 3/12/2007 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)			
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 GARDENS 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
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
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: 		Date _____ Daytime Phone # _____	