

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000041344**

1. Entity Name  
**FATBPC, INC.**



Principal Place of Business

**355 ALHAMBRA CIRCLE SUITE 1100  
CORAL GABLES, FL 33134**

Mailing Address

**355 ALHAMBRA CIRCLE SUITE 1100  
CORAL GABLES, FL 33134**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIEDLAND, DAVID K  
355 ALHAMBRA CIRCLE SUITE 1100  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renesting)

DATE

*David K. Friedland*

*1/24/08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELSNER, EDWARD NEAL
STREET ADDRESS	1717 N BAYSHORE DRIVE APT 2731
CITY-ST-ZIP	MIAMI, FL 33132

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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02/05/08-80060-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edward Neale*

Date

Daytime Phone #

*1/15/08*

*305-358-4820*