

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000087100

1. Entity Name  
MD FANA CONSULTING, INCPrincipal Place of Business  
10995 SW 7TH STREET  
MIAMI, FL 33174Mailing Address  
10995 SW 7TH STREET  
MIAMI, FL 33174

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1143880	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

D'FANA, ARMANDO M  
10995 SW 7TH STREET  
MIAMI, FL 33174**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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 20089. Election Campaign Financing  
Trust Fund Contribution \$5.00 May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	D'FANA, ARMANDO M
STREET ADDRESS	10995 SW 7TH STREET
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	VD
NAME	D'FANA, MARIA
STREET ADDRESS	10995 SW 7TH STREET
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

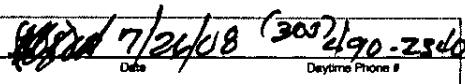
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/28/08-80002-009 150.00**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

  
 Date: 7/26/08 (303) 2490-2840  
 Daytime Phone #