

2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-14-2007 90087 035 ***150.00
P06000118828


FILED

07 AUG 15 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000118828

1. Entity Name
FOUNTAINS 1223 CORP



Principal Place of Business
CRA 79 # 127C - 75
APT 101 INT 8
BOGOTA, NA COLOM-BIA

Mailing Address
CRA 79 # 127C - 75
APT 101 INT 8
BOGOTA, NA COLOM-BIA



01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
7814 W 16th Ct

3. Mailing Address
10200 NW 25th St.
207

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

Applied For
Not Applicable

Zip
33014 MIAMI-DADE

Country
MIAMI-DADE

Zip
33172 MIAMI-DADE

Country
MIAMI-DADE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATEFLORIDANET, INC
1428 BRICKELL AVENUE
PH
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Rodolfo Suarez
Street Address (P.O. Box Number is Not Acceptable): 10200 NW 25th Street, Suite 207.
City: Miami FL Zip Code: 33172

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: *Rodolfo Suarez* Rodolfo Suarez DATE: 5/1/07

(NOTE: Registered Agent signature required when 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PACHECO MATEUS, MANUEL IGNACIO	
STREET ADDRESS	CRA 79 # 127C - 75 APT 101 INT 8	
CITY-ST-ZIP	BOGOTA, NA COLOMBIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clara I Torres	
STREET ADDRESS	9131 Hastings Beach Blvd	
CITY-ST-ZIP	Orlando, FL 32829.	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alejandro Pacheco	
STREET ADDRESS	9131 Hastings Beach Blvd.	
CITY-ST-ZIP	Orlando, FL. 32829.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 file 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]* 01-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #