


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90086 003 \*\*\*150.00

<b>DOCUMENT # P06000138017</b> 1. Entity Name <b>FOFO AMERICA, INC.</b>					
Principal Place of Business <b>1065 E. 21ST STREET HIALEAH, FL 33013</b>			Mailing Address <b>1065 E. 21ST STREET HIALEAH, FL 33013</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>DESTIN, EMILE 1065 E. 21ST STREET HIALEAH, FL 33013</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DESTIN, EMILE 1065 E. 21ST STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Emile Destin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>04-17-07</b> Daytime Phone #		

40072806



03202007 Chg-P CR2E034 (12/06)

4. FEE Number **20-5809123** Applied For Not Applicable

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

**305-883-4898**

# ATTACHMENT



12/01/2006



40072806  
#PC6000138017

FOFO AMERICA INC  
1065 E 21ST STREET  
HIALEAH, FL 33013-0000

**TIN** (Taxpayer Identification Number)

20-5809123

## About Your EFTPS Enrollment

**Dear Taxpayer:**

You were recently pre-enrolled in the Electronic Federal Tax Payment System (EFTPS) to make all your federal tax payments online or by phone.

According to our records...

*You have not activated your enrollment yet. You can activate your enrollment by calling 1-800-555-3453 and supplying EFTPS with your bank account information and phone number. Please have your Employer Identification Number (EIN), EFTPS Personal Identification Number (PIN received previously by a separate mailing), and bank account information handy when you call.*

It's important that you activate your enrollment as soon as possible so you can begin making your payments through EFTPS. Once you begin using EFTPS, you will see how convenient, easy, and fast it is to make a federal tax payment online or by phone. Plus, you will receive an immediate acknowledgement number for every transaction which acts as a receipt for your records.

If you have any questions or need assistance, please call EFTPS Customer Service at 1-800-555-4477.

Thank You.

EFTPS Enrollment Processing