

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90017 020 ***150.00

DOCUMENT # P06000138048	
1. Entity Name F. A. C. O9 INC.	

Principal Place of Business 1810 W 56 ST - STE 3312 HIALEAH, FL 33012	Mailing Address 1810 W 56 ST - STE 3312 HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

40061000



02182007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5817908	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASTRO, FIDEL A 1810 W 56 ST - STE 3312 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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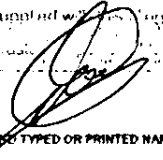
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$175.00	9. Election Campaign Financing ☐ \$5.00 May Be
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MSD CASTRO, FIDEL A 1810 W 56 ST - STE 3312 HIALEAH, FL 33012	☐ 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	
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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 report does not contain any false or misleading information, and that the information is true and correct to the best of my knowledge and belief, and that the information is not being changed, or on an attachment to this report.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FIDEL A. CASTRO
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08-21-07 (305) 817-3130