
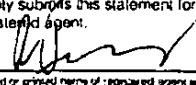
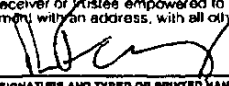


**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90063 047 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P06000146401</b>			
1. Entity Name <b>FES FLORIDA CORP</b>			
Principal Place of Business <b>75 NW 64TH AVENUE MIAMI, FL 33126</b>		Mailing Address <b>75 NW 64TH AVENUE MIAMI, FL 33126</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
4. FEI Number <b>20-1933318</b>		Applied For <input type="checkbox"/> 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 <b>FORNES, RAFAEL J 75 NW 64TH AVENUE MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent 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  DATE <b>7/18/07</b> <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature is not filed when revoking)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D FORNES, RAFAEL J 75 NW 64TH AVENUE MIAMI, FL 33126</b> <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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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:  DATE <b>7/18/07</b> Daytime Phone #			

ATTACHMENT  
66021261

Miami, Florida  
July 18, 2007

Division of Corporation  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

RE :  
P06000146401  
Annual Report 2007

Attached for your record our check #508 by \$150.00 Dollars covering the report of reference.

Never the report was received, only one carton( Notice of intent to dissolve) now on July, 2007.

Very Truly

  
Rafael J Fornes  
President