2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 25, 2008 8:00 am
Secretary of State

05-16-2008 90021 013 ***150.00

DOCUMENT # P07000036664

1. Entity Name

F.A.C TRANSFER, INC.

Principal Place of Business	Mailing Address
15160 SW 95 ST MIAMI FL 33196	15160 SW 95 ST MIAMI FL 33196

66014111

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15160 SW 95TH Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI-FLORIDA	City & State
Zip 33196 Country USA	Zip Country

4. FEI Number 20 8693504 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, FACUNDO F 15160 SW 95 ST MIAMI FL 33196	Name PEREZ FACUNDO F Street Address (P.O. Box Number is Not Acceptable) 15160 SW 95 TH Street City MIAMI-FLA FL Zip Code 33196

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] FAC TRANFER, INC 04/22/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	P PEREZ, FACUNDO F 15160 SW 95 ST MIAMI FL 33196	☐ 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 filing does not qualify for the exemptions contained in Section 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] 04-22/08 (786)-395-3427

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