2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90019 040 ***150.00

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DOCUMENT # P07000048892

1. Entity Name
160 FDS, INC.

Principal Place of Business	Mailing Address
8332 NW 30TH TERR. MIAMI, FL 33122	8332 NW 30TH TERR. MIAMI, FL 33122

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10850 NW 21ST STREET	10850 NW 21ST STREET
Suite, Apt. #, etc.: UNIT 160	Suite, Apt. #, etc.: UNIT 160
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

03012008 Chg-P CR2E034 (12/06)

4. FEI Number 01-0894204 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DI SAVERIO, FABRIZIO
8332 NW 30TH TERR.
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name: DI SAVERIO, FABRIZIO
Street Address (P.O. Box Number is Not Acceptable): 10850 NW 21ST STREET UNIT 160
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 ____________________
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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DI SAVERIO, FABRIZIO	
STREET ADDRESS	10850 N.W. 21 STREET UNIT 160	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	☐ Delete
NAME	DI SAVERIO, MARINA	
STREET ADDRESS	10850 N.W. 21 STREET UNIT 160	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ 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 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: X [signature] DI SAVERIO, FABRIZIO, PRES 3/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #