


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 045 ***158.75

DOCUMENT # P07000086559				
1. Entity Name FNI ENTERPRISE, INC.				
Principal Place of Business 385 NE 160 ST MIAMI, FL 33162		Mailing Address 385 NE 160 ST MIAMI, FL 33162		
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
				04042008 Chg-P CR2E034 (12/06)
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
GEFFRARD, MAKENZIE 385 NE 160 ST MIAMI, FL 33162			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL 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 _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
NAME	GEFFRARD, MAKENZIE	NAME		
STREET ADDRESS	385 NE 160 ST	STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33162	CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		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 changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <i>Marie Geffrard</i>		Date: <i>4-4-08</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				