
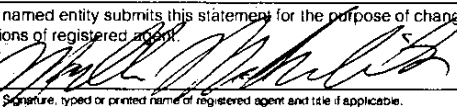
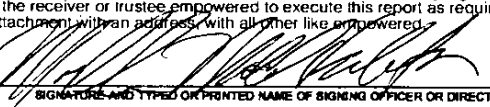


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90211 006 ***150.00

DOCUMENT # P07000106714 1. Entity Name FAMA IMPORTING COMPANY			
Principal Place of Business 5103 W KNOX STREET TAMPA, FL 33634		Mailing Address 5103 W KNOX STREET TAMPA, FL 33634	
2. Principal Place of Business - No P.O. Box # 5107 W. KNOX STREET Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 260805 Suite, Apt. #, etc.	
City & State Tampa, Florida Zip 33634 Country USA		City & State Tampa, Florida Zip 33685 Country USA	
4. FEI Number 26-1347755		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERLITA, MADLEIN M 5103 W KNOX STREET TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Ferlita, Madlein M. Street Address (P.O. Box Number is Not Acceptable) 5107 W. Knox Street City Tampa, FL Zip Code 33634	
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 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP FERLITA, MADLEIN M 5103 W KNOX STREET TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ferlita, Madlein M. 5107 W. KNOX STREET Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MELVIN, PEREZ 14648 HUNTCLIFF PARK WAY ORLANDO, FL 32824	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
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
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
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
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 4/28/08	