

**2009 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000007693

1. Entity Name
FONSECA'S INVESTMENT, CORP.



Principal Place of Business
10697 S.W. 76TH TERRACE
MIAMI, FL 33173

Mailing Address
10697 S.W. 76TH TERRACE
MIAMI, FL 33173

FILED

09 MAR -5 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0373415
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FONSECA, EDGARD
10697 S.W. 76TH TERRACE
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME PSD
FONSECA, EDGARD
STREET ADDRESS
10697 S.W. 76TH TERRACE
CITY-ST-ZIP
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400145074004
03/05/09--01039--009 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edgard Fonseca

2/25/09

Date

Daytime Phone #

3/6a