## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 28, 2008 08:00 Al DOCUMENT # P93000035316 Secretary of State 1. Entity Name FECI ENTERPRISE INC. Principal Place of Business Mailing Address 13245 SW 55 ST MIAMI FL 33175 13245 SW 55 ST **MIAMI FL 33175** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etg. Suite, Apt. #, etc. .1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0419610 Not Applicable Zio Country Country Zρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELIU, GLORIA M Street Address (P.O. Box Number is Not Acceptable) 13245 SW 55 ST **MIAMI FL 33175** City Zin 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed learning registered agent and tills if he plicable (NOTE: Registered Agent eignature required when remetion g) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Derete TITLE Change Addition FELIU, JOSE R NAME STREET ADDRESS 13245 SW 55 ST STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Derete TITLE ☐ Change Addition NAME FELIU, GLORIA M NAME STREET ADDRESS STREET ADDRESS 13245 SW 55 ST CiTY-ST-719 MIAMI FL 33175 CITY-ST-ZIP MLE ☐ Delete HILE Change Addition MALS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Addition ☐ Change MAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIF TITLE ☐ Deiete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDIRESS CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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.

12. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-08

204-203-933 Daytale Friends