

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000025459

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** FONTANA INTERNATIONAL SERVICES, INC.

**Current Principal Place of Business:**

2801 NW 74TH AVE EAST  
SUITE 209  
MIAMI, FL 33122

**New Principal Place of Business:**

2801 NW 74TH AVE  
SUITE 209  
MIAMI, FL 33122

**Current Mailing Address:**

P.O. BOX 330127  
MIAMI, FL 332330127

**New Mailing Address:**

**FEI Number:** 65-0670271      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FONTANA, SUSANNE  
2801 NW 74TH AVE  
SUITE 209  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: FONTANA, SUSANNE PTSD  
Address: 2801 NW 74TH AVE SUITE 209  
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSANNE FONTANA

PTSD

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date