2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000088724

1. Entity Name

FONDA FISHING CORPORATION



Principal Place of Business

450 E. LAS OLAS BLVD.

STE 1500

FORT LAUDERDALE, FL 33301

Mailing Address

450 E. LAS OLAS BLVD.

STE 1500

FORT LAUDERDALE, FL 33301

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90230 049 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0704792 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUIZENGA, H W JR 450 E LAS OLAS BLVD. . . STE. 1500

DO	NOT	WRITE
IN	THIS	SPACE

FORT LAU	DERDALE, FL 33301		IN ²	THIS SPACE	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and tale	d applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10. TITLE NAME	OFFICERS AND DIRECT PD HUIZENGA, WAYNE H JR.	CTORS			
STREET ADDRESS CITY-ST-ZIP	450 E. LAS OLAS BLVD., 15TH FLOO FT. LAUDERDALE, FL 33301	R			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANDLEY, RICHARD L 450 E. LAS OLAS BLVD., 15 FLOOR FT. LAUDERDALE, FL 33301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRANDEN, CRIS V 450 E. LAS OLAS BLVD., 15 FLOOR FT. LAUDERDALE, FL 33301		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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.

CICNIATURE

CITY-ST-ZIP

Cris V. Branden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #