## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000090603

Title:

Name:

Address:

City-St-Zip:

FILED Feb 13, 2008 Secretary of State

Entity Nam	e: FUNDEFA	A INTERNATIONAL, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
745 SHOTO SUNRISE, F				
Current Mailing Address:			New Mailing Address:	
P.O. BOX 2 WESTON, I				
FEI Number: (	55-0789601	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:
	CINIEGAS, RIG VENTURE BL FL 33326 U		PEREZ-ARCINIEGAS, 745 SHOTGUN RD WESTON, FL 33326	RICARDO US
The above r in the State	named entity s of Florida.	ubmits this statement for the pur	pose of changing its registered	office or registered agent, or both,
SIGNATUR	E: RICARDO	PEREZ-ARCINIEGAS		02/13/2008
	Electroni	c Signature of Registered Agent	t	Date
Election Cam	paign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:				
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
OFFICERS Title: Name: Address: City-St-Zip:		Delete EGAS, RICARDO RD		S TO OFFICERS AND DIRECTORS:
Title: Name: Address:	P () PEREZ-ARCINIE 745 SHOTGUN F SUNRISE, FL 3:	Delete EGAS, RICARDO RD 3326 Delete EGAS, ALONSO RD	Title: Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	P () PEREZ-ARCINIE 745 SHOTGUN F SUNRISE, FL 3: VP () PEREZ-ARCINIE 745 SHOTGUN F SUNRISE, FL 3:	Delete EGAS, RICARDO RD 3326  Delete EGAS, ALONSO RD 3326  Delete NCISCO J	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO PEREZ-ARCINIEGAS P 02/13/2008

( ) Delete

( ) Change (X) Addition

VARGAS, CARLOS A DIRECTO

745 SHOTGUN RD

SUNRISE, FL 33326